

CORRESPONDENCE

COMMENT

Comment on: “Comparison between supra-scapular nerve block combined with axillary nerve block and interscalene brachial plexus block for postoperative analgesia following shoulder arthroscopy”**Raghuraman M. Sethuraman**

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Correspondence: Raghuraman M. Sethuraman; Phone: +91-6379141854; E-mail: drraghuram70@gmail.com**Citation:** Sethuraman RM. Comment on: “Comparison between supra-scapular nerve block combined with axillary nerve block and interscalene brachial plexus block for postoperative analgesia following shoulder arthroscopy”. *Anaesth. pain intensive care* 2022;27(1):000–000; DOI: [10.35975/apic.v27i1.2054](https://doi.org/10.35975/apic.v27i1.2054)

Dear Editor,

I read the article that compared the interscalene block (ISB) with the shoulder block (ShB) which is a combination of supra-scapular and axillary nerve block for shoulder arthroscopy procedures published in the October 2022 issue¹ of *Anaesthesia, Pain & Intensive Care*, and wish to present my reflections.

Although the topic was interesting, unfortunately, the presentation of the article lacked some basic standards. First and foremost, the references are not cited properly as the reference section starts with reference # 12 leaving the previous 11 references completely thus resulting in the non-matching of any reference in the text and the bibliography. Hence, it is a chaotic citation of references altogether and I was unable to gather any further information.

Elbermway et al¹ concluded that ISB was associated with statistically significant higher incidences of complications such as Horner’s syndrome, PONV (postoperative nausea and vomiting), and delayed recovery of muscle power. However, it remains

intriguing that the incidence of PONV was statistically higher in the ISB group despite the fact that the total requirement of pethidine was not significantly varying between the groups. Similarly, delayed recovery of muscle power remains inexplicable as there is no mention of usage of muscle relaxants besides the total amount of local anesthetic used varying between the groups and within the ISB group (10–30 ml vs 20 ml of 0.25 % bupivacaine). Also, the development of Horner’s syndrome is a characteristic feature of ISB and cannot be considered as a “Complication”.

Elbermway et al¹ did not elaborate on the exact method/approach of supra-scapular and axillary nerve blocks.

References:

1. Elbermway MS, Elshantory SF, Aly RM, Mahran MG. Comparison between supra-scapular nerve block combined with axillary nerve block and interscalene brachial plexus block for postoperative analgesia following shoulder arthroscopy. *Anaesth. pain intensive care* 2022;26(5):674–680; DOI: [10.35975/apic.v26i5.2026](https://doi.org/10.35975/apic.v26i5.2026)

Editor’s Reply: The comment of the esteemed author regarding the wrong reference numbers has been taken care of, and the webmasters have rectified their error in the website.

The response of the authors of the paper mentioned in reference No. 1 has been requested and the journal will be happy to publish whenever we receive it.