



## Letter to the Editor

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# Long-lasting pain relief with interfascial plane blocks: key role of opening interfascial adhesions

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We read with great interest the correspondence by Piraccini and Byrne [1] in response to our report of a patient with myofascial pain syndrome (MPS), who underwent rhomboid intercostal block (RIB) at our clinic [2].

We thank the authors for their valuable comments and opinions. Their article might show a new way for both diagnosis and treatment of MPS due to fascial adhesion. We would like to share the details of long-term pain relief in our patient as additional information.

RIB is a novel interfascial block that has been used to treat MPS in recent times [2,3]. MPS is a chronic condition, and few cases might be refractory. MPS can be primary or secondary [1,2]. In secondary cases, such as in our patient, interfascial plane blocks might be a good alternative for treatment. However, it is not clear whether they provide short-term or long-term relief. To the best of our knowledge, previous case reports in the literature have described short-term pain relief on using fascial plane block for MPS [3-5]. Piraccini and Maitan [3] performed RIB in a female patient who had fascial adhesions and reported successful results; however, the long-term outcomes are unknown. Similarly, Piraccini et al. [4] performed an erector spinae plane block (ESPB) for MPS, but the authors emphasize that ESPB provides short-term relief and that fascial plane blocks should be combined with physical therapy.

In our case, we performed RIB using 20 ml of 0.25% bupivacaine with 8 mg of dexamethasone [2]. The patient was followed up for four weeks. For the first two weeks, we prescribed 25 mg oral dextetoprofen and 8 mg of thiocolchicoside. After four weeks of observation, the patient underwent follow-up once a month. He is still under follow-up. He had no recurrence of MPS in the last 6 months, required no analgesic drugs, and did not undergo physical therapy. He continues his work and daily activities. Our patient might have had fascial adhesions but experienced long-term relief with fascial hydro-dissection and bupivacaine with 8 mg of dexamethasone. Chronic pain is complicated, and interfascial adhesions might play a key role in this complex process. We aimed to treat several steps associated with the pain mechanism by using multimodal analgesia management with hydro-dissection.

The use of fascial plane blocks for MPS is a novel technique. There is a lack of information about long-term results in the literature. Further studies and larger case series are necessary to validate the results.

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## Conflicts of Interest

No potential conflict of interest relevant to this article was reported.

## Author Contributions

Mürsel Ekinci (Conceptualization; Investigation; Methodology; Writing – original draft)

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## References

1. Piraccini E, Byrne H. The efficacy of fascial plane blocks for myofascial pain syndrome: do they achieve long-term results? *Korean J Anesthesiol* 2020; 73: 566-7.
2. Ekinci M, Ciftci B, Alici HA, Ahiskalioglu A. Ultrasound-guided rhomboid intercostal block effectively manages myofascial pain. *Korean J Anesthesiol* 2020; 73: 564-5.
3. Piraccini E, Maitan S. Ultrasound guided rhomboid plane hydrodissection for fascial adhesion. *J Clin Anesth* 2020; 59: 13.
4. Piraccini E, Calli M, Taddei S, Byrne H, Rocchi M, Maitan S. Erector spinae plane block for myofascial pain syndrome: only a short-term relief? *Minerva Anesthesiol* 2020; 86: 888-90.
5. Tulgar S, Thomas DT, Suslu H. Ultrasound guided erector spinae plane block relieves lower cervical and interscapular myofascial pain, a new indication. *J Clin Anesth* 2019; 53: 74.