

Comment on “Spinal anaesthesia in poliomyelitis patients with scoliotic spine: A case control study”

Sir,

I read with interest the recently published article in Indian Journal of Anaesthesia “Spinal anaesthesia in poliomyelitis patients with scoliotic spine: a case control study” by Kumari *et al.*^[1] I congratulate the authors for their research work however; I have to make few comments.

1. Authors have mentioned that there is no case series available, is not appropriate. Hebl *et al.*^[2] published a case series of 139 patients including 79 patients of Post-poliomyelitis (56.4%).
2. The reference Hebl *et al.*^[2] is also mentioned in wrong context in present article. It is mentioned that central neuraxial block is controversial due to difficulties in palpating landmarks, high risk of dural puncture and unpredictable extent of block. In fact, Hebl JR *et al.* have concluded that the risks commonly associated with neuraxial anaesthesia and analgesia in patients

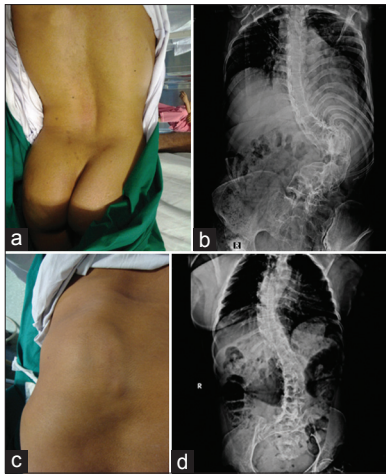


Figure 1: Severe scoliosis of spine with rotational deformity requires other approaches than midline approach

with preexisting CNS disorders may not be as frequent as once thought and that neuraxial blockade should not be considered an absolute contraindication within this patient population.

3. Authors have observed that high level of disparity in sensory block was present among scoliotic patients. They have also suggested that, this disparity is due to curve in spinal canal resulted in an unequal ascend of block. However, it is not very clear that which side patients have higher block, either the convex side or concave side. This important Information would be quite helpful to position the patient as per requirement of block height.
4. Authors have used midline puncture for spinal with cent percent success, which is commendable. In our experience we have observed that scoliosis of spine in isolation is rare and it is associated with some amount of kyphosis and in combination (rotated spine). At times it is impossible to insert spinal needle from midline and we have to resort to paramedian, Taylor's approach or fluoroscopic guide for conduct of anaesthesia [Figure 1].^[3] However, authors did not mention the amount of difficulty during spinal punctures at all.

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