
Comment on: “Ultrasound-guided erector spinae plane block compared to serratus anterior muscle block for postoperative analgesia in modified radical mastectomy surgeries: A randomized control trial”

Dear Editor,

We read the original research article titled “Ultrasound-guided erector spinae plane block compared to serratus anterior muscle block for postoperative analgesia in modified radical mastectomy surgeries: A randomized control trial” with great interest.^[1] We congratulate the authors for studying regional anesthesia techniques in modified radical mastectomies (MRM). On reading this article we felt that there were a few issues that were controversial and required more clarity.

The first point of contention is that the patients included in the study underwent MRM for breast malignancy and were grouped under the American Society of Anaesthesiologist (ASA) physical status classification I and II. However, according to the ASA physical status classification, patients suffering from oncological illness were grouped under ASA physical status classification II to IV depending upon their severity.^[2] Hence, grading these patients under ASA I which includes normal healthy individuals,^[1] is questionable.

Our next concern is that one of the secondary objectives was to compare the heart rate and blood pressure between the two groups. However, the exclusion of patients who were on medications that alert the heart rate and blood pressure was not mentioned.

Ideally, the erector spine plane block (ESPB) for breast cancer surgeries would be administered preferably at the level of T4 or T5 or bi-level (T2, T4) for adequate coverage.^[3] However, in this study the level of administration of ESPB was not mentioned. This creates doubt regarding the exact level of the injection and spread of the drug as it can lead to non-uniform blockade in the patients. Moreover, the authors state that the transverse process was identified as an “oval hyperechoic structure” in the ultrasound image. However, the transverse process appears as a square-shaped structure in the ultrasound image, while the rib appears as a hyperechoic convex line.^[4]

Last, the authors state that the performance of blocks after the induction of anesthesia is a limitation of their study, thus future studies can be designed to provide the blocks before induction. However, there are many studies available performing the blocks before induction. Indeed, except for a few, most of the studies performed the blocks before induction with or without sedation as per the recent meta-analysis published.^[3]

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Conflicts of interest

There are no conflicts of interest.

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