

The role of RACK approach for erector spinae plane block

Dear Editor,

We read with careful attention the really interesting letter by de Roy *et al.* on RACK approach to erector spinae plane block (ESPB) and we congratulate the authors for the clear presentation of the scientific paper. The authors describe a technique for ESPB that consist in a lateral to medial approach with in-plane technique, and they claim that this approach would exert in an easier way to perform the block and insertion of catheter if needed.^[1] We want to contribute to the discussion focusing the attention on the safety issue of ESPB.

A lateral to medial approach for ESPB is not new, as we and other authors reported this possible approach, nevertheless Roy *et al.* suggested a sonographic view where posterior complex, transverse process, and articular process are seen and the needle would be advanced until the lateral edge of the transverse process; this is easy to obtain just slightly tilting the probe cranially.^[1-3] In this way, the neuraxis is no more protected by the lamina as it is with the approach described by us and there is a major risk of adverse events in patients in cases where the needle tip is not properly seen.^[2] A recent paper by De Cassai *et al.* described carefully a case of motor blockade after bilateral lateral to medial ESPB, most probably because of paravertebral spread of the drugs; it would have been possible to avoid it with a check of the drug spread with a longitudinal and transverse sonographic view of the erector spinae plane during the injection.^[3,4]

In conclusion, in general, we do not find any peculiar advantage of RACK technique over the classic technique already described in the literature, however, it is an alternative technique that might be useful to known because it could be helpful in rare circumstances when the classic technique are not feasible for any reasons, for example in patients submitted to laminectomy.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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Access this article online	
Quick Response Code:	Website: https://journals.lww.com/joacp
	DOI: 10.4103/joacp.JOACP_148_20

How to cite this article: Piraccini E, Piaccione L, Taddei S. The role of RACK approach for erector spinae plane block. *J Anaesthesiol Clin Pharmacol* 2022;38:325.

Submitted: 01-Apr-2020 **Accepted:** 07-Mar-2021

Published: 08-Jun-2022

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