

Access this article online

Website: www.ijaweb.org

DOI: 10.4103/ija.IJA_309_18

Quick response code



In response to—Quadratus lumborum block failure: “A must know complication”

Sir,

We read the article “Suri A, Sindwani G, Sahu S, Sureka S. Quadratus lumborum block failure: A must know complication. Indian J Anaesth 2017;61:1016-8”.^[1] and give our compliments to the authors for reporting a complication during quadratus lumborum block and its successful management. However, there are few points in this article, which need further clarification.

First, authors have mentioned four variants of quadratus lumborum block; however, only three types (QL-1, 2, and 3) are described by the authors. Second, the reference Figure 1 is showing approach of QL-1; however, authors have mentioned this as approach of QL-3 (transmuscular approach) that needs correction.

In this article authors have mentioned that, the block would have failed as catheter tip was seen on quadratus muscle due to tear in lumbar fascia during

surgery. However, analgesia was achieved when QL-3 approach was used. It is surprising because the endpoint of QL-1 (technique used by author at first instance) where the tip of catheter must have been resting, is a part of deep recess covered by peritoneum extends between the abdominal wall muscles and the psoas major muscle to the anterior side of the QL muscle. The same peritoneal recess extends laterally between QL and psoas muscles.^[2] If that was punctured then there is always a possibility of leak of local anesthetic into peritoneal cavity. If it is insignificant then the first technique would have been effective as QL-3 (used later).

In our opinion, more objective observation like, failure to pain relief in postoperative period after first technique and, further evidence by contrast study would have given answer that is more definitive.

Finally, we think it is not the complication of quadratus lumborum block itself rather; this observation gives an information that, transmuscular quadratus lumborum block is a better option than QL-1 in laparoscopic nephrectomy surgery.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Ashok Jadon, Mohammad Amir

Department of Anaesthesia and Pain Relief Service, Tata Motors Hospital, Jamshedpur, Jharkhand, India

Address for correspondence:

Dr. Ashok Jadon,
Duplex-63, Vijaya Heritage Phase-6, Kadma,
Jamshedpur - 831 005, Jharkhand, India.
E-mail: jadona@rediffmail.com

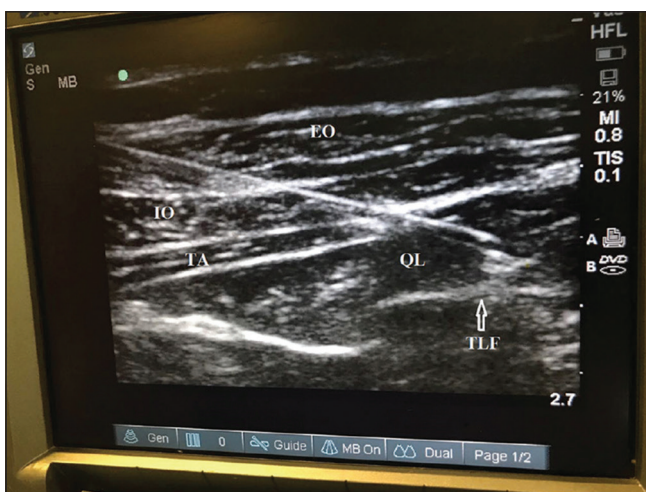


Figure 1: Ultrasound guided quadratus lumborum block. EO: External oblique muscle, IO: Internal oblique muscle, TA: Transverse abdominis muscle, QL: Quadratus lumborum muscle, TLF: Thoracolumbar fascia

REFERENCES

1. Suri A, Sindwani G, Sahu S, Sureka S. Quadratus lumborum block failure: "A must know complication." Indian J Anaesth 2017;61:1016-8.
2. Hansen CK, Dam M, Bendtsen TF, Børglum J. Ultrasound-guided quadratus lumborum blocks: Definition of the clinical relevant endpoint of injection and the safest approach. A A Case Rep 2016;6:39.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

How to cite this article: Jadon A, Amir M. In response to—Quadratus lumborum block failure: "A must know complication". Indian J Anaesth 2018;62:646-7.

**REGISTER TO RECEIVE THE PRINT ISSUES (HARD COPY) OF THE IJA FOR THE YEAR 2019
(JANUARY TO DECEMBER)**

Online registration is open from August 1, 2018 to September 30, 2018

- Registration is FREE but MANDATORY
- This must be done even if you have been receiving print issues previously
- IJA Renewal can be only be done Online through www.isaweb.in
- Registration via email to the Editor is not possible
- Go to www.isaweb.in and Locate the Indian Journal of Anaesthesia icon