



Letter to the Editor

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Response to “Suprascapular notch cross-sectional area on MRI is not highly accurate in the diagnosis of suprascapular nerve entrapment: counter point of view”

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Thank you so much for your thoughtful recommendations [1]. We greatly appreciate your evaluation of our paper and the various anatomical suggestions you provided. As the authors have noted, we are aware that the study we conducted has some limitations. Your feedback is similar to that which the editor and reviewers provided during the previous revision. As a result, most of what you mentioned has been included in the limitations section of our paper. We strongly agree with your suggestion regarding the diagnostic usefulness of ultrasound. Therefore, we are working hard to analyze both MRI and ultrasound to establish a more accurate integrated diagnostic tool. As mentioned, ultrasound has many advantages; however, one disadvantage is that the test result can be influenced by the examiner. In our opinion, the ideal scenario would be if these limitations could be compensated for through MRI. Thanks again for your time and your thoughtful suggestions.

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Conflicts of Interest

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

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Reference

1. Al-Redouan A, Kachlik D. Suprascapular notch cross-sectional area on MRI is not highly accurate in the diagnosis of suprascapular nerve entrapment: counter point of view. *Korean J Anesthesiol* 2022; 75: 536-8.