Comment on: The efficacy of paravertebral block evaluated by pain-related biomarkers and reactive oxygen species (ROS) following surgery for breast cancer: A randomized controlled study

Dear Editor,

We read with enthusiasm the randomized controlled study by Mitragotri *et al*.[1] published recently in the *Saudi Journal of Anesthesia*. They are sincerely congratulated for a novel research endeavor assessing the analgesic efficacy, pain-related biomarkers, and, reactive oxygen species in the paravertebral (PVB) and intraoperative morphine (i-M) study groups. Meanwhile, the authors outline insignificant differences between the PVB and i-M groups across the above-stated parameters, the index findings need to be interpreted in light of the following observations.[1]

Given the primary objective of the study was to compare the visual analog scale (VAS) at the baseline, 2 h, 24 h, and 48 h following breast surgery between the PVB and the i-M groups, the handling of the postoperative analgesic requirement as a "categorical" parameter deserves specific attention. Herein, the relevance of quantifying the "actual" postoperative analgesic requirements in the 2 groups, can certainly not be undermined. More importantly, the nature and indication of the former effectively remain "blinded" where 1 g intravenous paracetamol q 8 h essentially constituted the multimodal analgesia common to both the study groups. Similarly, the nature and indication of supplemental intraoperative analgesia remain to be elucidated in the Mitragotri *et al*. study.[1]

To add to it, the widely spaced VAS assessment time stamps (0 h-2 h-24 h-48 h) limits the contextual lucidity of the study findings emanating from a relatively small sample size.[1] Interestingly, a systematic review by Baamer *et al*.[2] interrogates the practical utility of unidimensional scores in reflecting the patients' "actual" analgesic desire, propounding the need for functional assessment tools. Moreover, 3 patients in the i-M group (n = 19) in contrast to a single patient in the i-PVB group (n = 17) complained of postoperative nausea and vomiting in the Mitragotri *et al*. study.[1] Withstanding, the pivotal role of including the component of quality of recovery can also not be overemphasized, particularly in

analgesia research practicing opioid stewardship in any form or capacity.[3-5]

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Conflicts of interest

There are no conflicts of interest.

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