

pain, rated at a 0/10. At the one- and three-month follow-ups, she rated her pain under the same conditions as 2/10 and 4/10, respectively. Thus, a 50% decrease in the NRS score was observed during the follow-up period.

In the study conducted by Sencan et al. [4], a ganglion impar block administered with steroids was compared to a caudal epidural steroid injection for coccygodynia, and the effect of reducing In another study comparing the ganglion impar block with steroids to a local anesthetic alone, in both groups, the NRS score decreased statistically significantly in the 1st and 3rd month controls compared to the pre-procedure period, but when the groups were compared, a statistically significant difference was found in the 1st and 3rd month controls and it was observed that the steroid group was more effective than the local anesthetic group [5]. These findings are consistent with our study, which also found pain relief persisting for three months. One explanation for this may be the addition of steroids to the block. Another potential explanation could be that the SESPB, in addition to blocking the sacral nerve roots, provides a sympathetic block by spreading anteriorly. Therefore, we believe that administering an SESPB with steroids added provides a combined effect for long-term pain relief.

The SESPB is a safe block that is easy to administer and can be repeated if necessary. It may be effective not only for acute pain but also for chronic pain, such as coccygodynia. However, randomized controlled trials are required to evaluate its effectiveness.

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## Comment on “Retro superior costotransverse ligament space block as an effective analgesia after laparoscopic gastrectomy”

Dear Editor,

I read with great interest the case report published recently in the *Korean Journal of Anesthesiology* concerning a block performed at the retro superior costotransverse ligament (SCTL) space [1] and wish to present my reflections.

Lee et al. [1] state that “The retro superior costotransverse ligament space (RSS) block is a novel thoracic paraspinal block (TPSB)” [1]. However, this is just another intertransverse process (ITP) block with the retro SCTL space as a different target, as mentioned in the referenced article [2]. Furthermore, caution must be exercised over the term “thoracic paraspinal block” (TPSB), as it includes diverse blocks such as the erector spinae plane block (ESPB), retrolaminar block, and ITP blocks [3]. I would like to emphasize that the term “RSS block” should be avoided, as it is misleading and might confuse read-

ers, as various terms for similar blocks already exist.

Another aspect requiring further clarification is the spread of injectate with TPSBs. Lee et al. [1] state that “the local anesthetic within the RSS spreads to the thoracic parabertebral space through many fenestrations, similar to the mechanism seen in TPSBs like the ESPB.” However, the injectate spread with ESPBs is different from that with ITP blocks. Specifically, the spread to the anterior rami is more reliable with ITP blocks because the injection is administered closer to the paravertebral space. Notably, a cadaveric study found that the medial slit of the SCTL (costotransverse foramen) and costotransverse space may be potential pathways for the spread of injectate to the thoracic paravertebral space [4]. In contrast, the spread of injectate with ESPBs occurs in various directions, with less paravertebral spread as the injection is administered slightly distant from this space.

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