

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.

Tuba Tanyel Saraçoğlu¹, Burak Erken¹, Ergün Mendes²

¹Pain Management Clinic, Başakşehir Çam and Sakura City Hospital,

²Anesthesiology and Reanimation Clinic, Başakşehir Çam and Sakura City Hospital, İstanbul, Turkey

Corresponding author: Tuba Tanyel Saraçoğlu, M.D.

Pain Management Clinic, Başakşehir Çam and Sakura City Hospital, G-434

Street, Number:2L 34480 Başakşehir/İstanbul, Turkey

Tel: +09-05396210126 Fax: +09-02129096000

Email: tbtnyl@gmail.com

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Writing – review & editing); Ergün Mendes (Resources; Software; Validation; Writing – review & editing)

ORCID: Tuba Tanyel Saraçoğlu, <https://orcid.org/0000-0002-0502-3389>; Burak Erken, <https://orcid.org/0000-0002-7369-0618>; Ergün Mendes, <https://orcid.org/0000-0003-4350-6055>

References

1. Tulgar S, Senturk O, Thomas DT, Deveci U, Ozer Z. A new technique for sensory blockage of posterior branches of sacral nerves: ultrasound guided sacral erector spinae plane block. *J Clin Anesth* 2019; 57: 129-30.
2. Keleş BO, Salman N, Yılmaz ET, Birinci HR, Apan A, İnce S, et al. Comparison of the median and intermediate approaches to the ultrasound-guided sacral erector spinae plane block: a cadaveric and radiologic study. *Korean J Anesthesiol* 2024; 77: 156-63.
3. Lee SH, Yang M, Won HS, Kim YD. Coccydynia: anatomic origin and considerations regarding the effectiveness of injections for pain management. *Korean J Pain* 2023; 36: 272-80.
4. Sencan S, Yolcu G, Bilim S, Kenis-Coskun O, Gunduz OH. Comparison of treatment outcomes in chronic coccygodynia patients treated with ganglion impar blockade versus caudal epidural steroid injection: a prospective randomized comparison study. *Korean J Pain* 2022; 35: 106-13.
5. Sencan S, Edipoglu IS, Ulku Demir FG, Yolcu G, Gunduz OH. Are steroids required in the treatment of ganglion impar blockade in chronic coccydynia? a prospective double-blinded clinical trial. *Korean J Pain* 2019; 32: 301-6.

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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.

Raghuraman M Sethuraman

Department of Anesthesiology, Sree Balaji Medical College & Hospital, Bharath Institute of Higher Education and Research, Chennai, India

Corresponding author: Raghuraman M Sethuraman, M.D.

Department of Anesthesiology, Sree Balaji Medical College & Hospital,
Bharath Institute of Higher Education and Research, #7, Works Road, New
Colony, Chromepet, Chennai 600044, India

Tel: +91-6379141854 Fax: +91-044-4291 1000

Email: raghuraman.anaesth@bharathuniv.ac.in; drraghuram70@gmail.com

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ORCID: Raghuraman M Sethuraman, <https://orcid.org/0000-0001-8464-7458>

References

1. Lee Y, Bang S, Chung J, Moon J. Retro superior costotransverse ligament space block as an effective analgesia after laparoscopic gastrectomy -a case report. *Korean J Anesthesiol* 2024; 77: 480-3.
2. Karmakar MK, Sivakumar RK, Sheah K, Pangthipampai P, Lönnqvist PA. The retro superior costotransverse ligament space as a new target for ultrasound-guided intertransverse process block: a report of 2 cases. *A A Pract* 2022; 16: e01610.
3. Karmakar MK, Sivakumar RK, Sheah K, Pangthipampai P, Lönnqvist PA. Quest for the elusive mechanism of action for the thoracic paraspinous nerve block techniques. Are we ignoring the anatomy of the “retro superior costotransverse ligament space?”. *Anesth Analg* 2023; 137: 458-65.
4. Cho TH, Kwon HJ, O J, Cho J, Kim SH, Yang HM. The pathway of injectate spread during thoracic intertransverse process (ITP) block: micro-computed tomography findings and anatomical evaluations. *J Clin Anesth* 2022; 77: 110646.

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