

potentially produce devastating complications.

With the SSP block, the LA spreads within the prevertebral compartment, likely laterally to the transverse process, with the semispinalis capitis and cervicis and longissimus capitis and cervicis muscles located medial to the injection point as a potential anatomical barrier limiting spread towards the epidural and paravertebral space.

The anterior surface of the anterior scalene muscle is in close contact with the prevertebral fascia, only forming a virtual space for the phrenic nerve to travel and making anesthesia difficult whenever injections are performed in a distant plane [2,3].

The contrast spread of the T2 ESP block [2,3] disperses distally in the ESP and cranially mostly between the middle scalene and levator scapulae muscle (LSM) into the immediate vicinity of the neural foramina and spinal nerve roots, where the splenius muscles form the posterior barrier for the LA track. MRI studies have shown that the injectate diffuses anteriorly through the erector spinae muscle and over its surface, in the plane created by the adjacent LSM, to reach the vicinity of the cervical neural foramina and exiting nerve roots, where the LA presumably exerts its effect [2,3].

Whenever concomitant superior chest and shoulder region trauma is present, the volume of the LA used to reach the cervical region should be minimized to avoid unnecessary distal thoracic neuromuscular block (due to caudal spread), which can aggravate respiratory dysfunction. In this context, we propose the SSP block as an alternative to the high thoracic ESP block [2,3] to potentiate shoulder, thoracic, scapular, or proximal humeral analgesia through injection in the lower cervical region in the plane that is secondarily dissected by the LA with the high thoracic ESP block. Compared to the cervical ESP block, neuraxial spread of the SSP block is limited due to the lateral and posterior injection point.

The presence of the longissimus cervicis muscle beneath the splenius cervicis and splenius capitis muscles determinant because caudally, the SSP injection mimics the action of a superficial ESP block [2,3].

Further studies on the SSP block are necessary to confirm its advantages.

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Notice of Retraction

Retraction: Comparison of the clinical performance of the i-gel™, LMA Supreme™, and Ambu AuraGain™ in adult patients during general anesthesia: a prospective and randomized study

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This manuscript was retracted due to a multitude of inaccuracies in its figures and flaws found in the analyses.

Therefore, the editorial board of the KJA decided to retract this paper from our journal. We apologize to readers.

Supplementary Material

Supplementary Material 1. R code used for the numerical validation, along with the corresponding output.

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