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## Letter to the Editor

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## Corresponding author:

Emanuele Piraccini, M.D.
Department of Anesthesia, Intensive Care
Nord and Pain Management Unit, Bellaria
Hospital, via Altura 3, 40139 Bologna, Italy
Tel: +39-3396119485

Fax: +39-0543735130 Email: drpiraccini@gmail.com

ORCID: https://orcid.org/0000-0002-4762-2312

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# The efficacy of fascial plane blocks for myofascial pain syndrome: do they achieve long-term results?

Emanuele Piraccini<sup>1</sup>, Helen Byrne<sup>2</sup>

<sup>1</sup>Department of Anesthesia, Intensive Care Nord and Pain Management Unit, Bellaria Hospital, Bologna, Italy, <sup>2</sup>Kingsbridge Medical Diagnostics, Kingsbridge Healthcare Group, Belfast, Northern Ireland

We carefully read the letter by Ekinci et al. [1] who replied to the detailed paper by Elsharkawy et al. [2] describing a case report on the use of rhomboid intercostal block (RIB) to manage myofascial pain syndrome (MPS).

We congratulate the authors for the clinical management of the patient and clear presentation of their results. The use of RIB for MPS is a new approach, and reports have been rising in the current literature to support the efficacy of RIB as part of the multimodal treatment [3,4].

We want to contribute to the discussion by focusing our attention not only on the benefits but also potential limitations of RIB to treat MPS.

It is crucial to obtain the correct diagnosis of MPS. MPS can be primary, which may be an overuse condition, such as lateral epicondylitis or piriformis syndrome, or secondary to other diseases or postural maladaptive changes. In secondary cases, if no therapeutic interventions are performed to treat the underlying cause, the results of fascial plane blocks as RIB are transient [5]. In the described case, Ekinci et al. [1] injected 20 ml of bupivacaine and dexamethasone which was a good idea, the authors had also performed hydrodissection of fascial planes in this way. This can provide outstanding and long-lasting results in case of fascial adhesion that is not easy to detect, but can contribute to MPS development [1,4].

The authors followed-up the patient for 4 weeks after the treatment. However, it would be interesting to have a longer follow-up, maybe 3 to 6 months, in order to establish if fascial plane blocks without any prevention strategy can ensure more consistent long-term results. In our experience, this is not as apparent, while the success of fascial plane blocks combined with physiotherapy has been reported [3–5].

## **Conflicts of Interest**

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

# **Author Contributions**

Emanuele Piraccini (Conceptualization; Writing – original draft) Helen Byrne (Writing – review & editing)

## **ORCID**

Emanuele Piraccini, https://orcid.org/0000-0002-4762-2312 Helen Byrne, https://orcid.org/0000-0002-7190-239X

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