Similarities between parasternal intercostal nerve block and subpectoral interfascial plane block

Hironobu Ueshima¹ · Hiroshi Otake¹

Received: 17 September 2016 / Accepted: 21 December 2016 / Published online: 9 January 2017
© Japanese Society of Anesthesiologists 2017

To the Editor:

With great interest we read the Letter To The Editor, “Ultrasound-guided parasternal intercostal nerve block”, which was written by Ohgoshi et al. and published in 2016 [1]. We would like to present our views.

Parasternal intercostal nerve block (PSI block) is reported as a novel analgesic technique for the anterior branches of intercostal nerve block [1]. PSI block injects a local anesthetic between the pectoral major muscle (PM) and the external intercostal muscle (EIM).

In 2016 (accepted for publication December 10, 2015.), Raza et al. [2] described subpectoral interfascial plane block (SIP block) as a useful technique for pain caused by sternal fractures. In this technique, using the needle approach, local anesthetic is injected into the SIP between the PM and EIM aponeurosis at 2 cm lateral to the sternal edge. The plane for the local anesthetic injection is the same and the point of needle insertion is similar between PSI and SIP blocks.

Some nerve blocks depend on the names of targeted nerves, such as a femoral nerve block which must be

predominant. In contrast, others depend on the site of needle insertion such as a popliteal nerve block or the site where the needle tip is placed and local anesthetic is injected, such as a transversus abdominis plane block. The latter type may be reported more than the former in future, and this may cause confusion every time the latter is newly reported.

PSI and SIP block techniques may be similar.

Compliance with ethical standards

Conflict of interest None.

References

1. Ohgoshi Y, Ino K, Matsukawa M. Ultrasound-guided parasternal intercostal nerve block. J Anesth. 2016 (**in press**).
2. Raza I, Narayanan M, Venkataraju A, Ciocarlan A. Bilateral subpectoral interfascial plane catheters for analgesia for sternal fractures: a case report. Reg Anesth Pain Med. 2016;41:607–9.

This comment refers to the article available at doi:[10.1007/s00540-016-2202-5](https://doi.org/10.1007/s00540-016-2202-5).

✉ Hironobu Ueshima
ueshimhi@yahoo.co.jp

¹ Department of Anesthesiology, Showa University Hospital, Tokyo, Japan