In Reply: Similarities between parasternal intercostal nerve block and subpectoral interfascial plane block

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To the Editor:

We thank Drs. Ueshima and Otake [1] for raising a concern that the parasternal intercostal nerve (PSI) block [2] and the subpectoral interfascial plane (SIP) block [3] are similar. The SIP block was carried out to relieve pain from a sternal fracture and the needle was injected 2 cm lateral to the sternal edge. In contrast, the PSI block was tested when a patient underwent mastectomy for breast cancer and therefore the needle entry point was as close to the sternum as possible to avoid tumor puncture. As such, these two methods were not the same. In addition, we had already submitted our paper for publication [2] when the paper by Raza et al. [3] was published. As a result, two different names were used for similar blocks, which we will leave open for discussion. Furthermore, we demonstrated

an important finding in that local anesthetics spread over the adjacent intercostal space. Based on these facts, we think that the paper by Raza et al. and our paper are both noteworthy publications.

References

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