Integrated Pain-Severity Scale and different kinds of pain in brachial plexus injuries

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Dear Editor,

We greatly appreciate the comments by Aly M, Saitoh Y et al. regarding our article “Pain and Brachial Plexus Lesions: Evaluation of Initial Outcomes after Reconstructive Microsurgery and Validation of a New Pain Severity Scale”.

We do absolutely agree with the differences in outcome and prognoses that continuous versus shooting pain have, as pointed out by these authors. Nevertheless, we do not agree to separately consider both kinds of pain in the same scale.

It's important to point out that the main purpose of our scale was to provide a tool to objectively determine the quantity of pain that a certain patient refers during its treatment, and not to distinguish between both kinds of pain. In the “pain frequency” item, the purpose was not to differentiate between continuous and paroxysmal pain, but to establish the number of times during 1 day that a patient refers the pain.

If we quantified separately shooting or continuous pain in an equivalent numeric scale for both items, we could find some patients with predominantly one or the other type of

pain, and a similar score in our scale, not reflecting the differences pointed out by Aly M et al. If we, by contrary, would have considered a different punctuation to the separately considered continuous and shooting pain (e.g., giving more points to continuous pain, reflecting its worst prognosis), we could find some patients with a middle or high score on the scale having a mild continuous pain, and a similar score in a patient with very frequent and invalidating paroxysmal pain.

In conclusion, we preferred not to consider separately different kinds of pain in our Integrated Pain-Severity Scale. This might help to objectively analyse these different pain syndromes in terms of severity, prognosis and outcome, a very interesting challenge that mostly still remains to be done.

Conflicts of interest None.

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