Response to the article titled, Erector spinae plane block for back surgery

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To the Editor:

We thank Dr. Satomoto and Dr. Adachi for their interest [1] in our study [2]. We agree with Dr. Satomoto that erector spinae plane block (ESPB) can be performed unilaterally considering the surgical technique. In recent years, several microdiscectomy techniques have been described for lumbar disc herniations with similar outcomes [3]. In our clinic, open microdiscectomies are performed with a midline incision. Therefore, ESPB was applied bilaterally. We think it could be possible to apply unilateral ESPB in other minimally invasive techniques to perform a paramedian incision.

Moreover, Dr. Satomoto offered to increase the local anesthetic dose without the local anesthetic toxicity by performing ESPB unilaterally to extend the analgesic area. As we agree with this statement, is it necessary to extend the analgesic area for minimal invasive techniques? Higher volumes of local anesthetic are needed to cover one vertebral level for the lumbar region, and injecting high amounts of local anesthetic in lumbar areas may result in motor weakness which may complicate the postoperative neurologic assessment [4].

The mechanism of lumbar ESPB is still not clearly understood, and further studies are needed to determine

the volume and concentrations of local anesthetics for each indication.

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Declarations

Conflict of interest None.

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