

Re: Intracutaneous sterile water injection versus oral paracetamol for renal colic during pregnancy: a randomized controlled trial. *Int Urol Nephrol* 2013; 45:321–325, DOI 10.1007/s11255-013-0405-3

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Editor,

We read this article with interest where the authors have compared oral paracetamol 1 g with intracutaneous sterile water injection at most painful site for renal colic in pregnancy [1]. The authors showed that intracutaneous sterile water injection acts faster and significantly better in pain relief as compared to oral paracetamol.

There are few points that need clarification. As mentioned in the manuscript, intracutaneous sterile water injection causes significant pain at the local site. The authors should have evaluated this pain at local site by visual analogue scale (VAS). Moreover, patient satisfaction with analgesic should have been reported.

Another issue is that the authors compared intracutaneous sterile water injection with oral paracetamol which is a poor analgesic. The time required by paracetamol to achieve maximum plasma concentration is more than 1 h [2]. However, the authors have started rescue analgesia

after 1-hour. In our opinion, intramuscular paracetamol could have been used instead of oral paracetamol.

Another point that needs clarification is that the patients with ureteral stone complain of recurrent colic and therefore require repeated doses of analgesia. The site of injection if the patient needs multiple injections for the same condition is a matter of debate.

References

1. Xue P, Tu C, Wang K, Wang X, Fang Y (2013) Intracutaneous sterile water injection versus oral paracetamol for renal colic during pregnancy: a randomized controlled trial. *Int Urol Nephrol* 45:321–325. doi:10.1007/s11255-013-0405-3
2. Gibb IA, Anderson BJ (2008) Paracetamol (acetaminophen) pharmacodynamics: interpreting the plasma concentration. *Arch Dis Child* 93(3):241–247

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