

Comment on “Comparison of the effect of ultrasound-guided thoracic paravertebral nerve block and intercostal nerve block for video-assisted thoracic surgery under spontaneous-ventilating anesthesia”

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<http://dx.doi.org/10.1590/1806-9282.66.7.1009>

Dear Editor,

We read with great interest the study by Zheng et al.¹ in which they demonstrated that ultrasound-guided thoracic paravertebral nerve block was superior to ultrasound-guided intercostal nerve block during video-assisted thoracic surgery for pulmonary lobectomy under spontaneous-ventilating anesthesia. In our opinion, there are some issues that should be addressed.

To begin with, this study was prospective. The authors enrolled 50 patients for investigating the methods; however, 100 patients were included in the results section. Thus, the sample size should be confirmed. Additionally, how many patients were lost during follow-up in this prospective study?

Many factors may influence the results, for

example, the type of surgery. It is difficult to reach the conclusion that the frequency of vascular puncture was different between the two groups. Vascular puncture was noted in four patients in the intercostal nerve block group and in one patient in the thoracic paravertebral nerve block group for chronic pain. Thus, a study involving a larger sample should be conducted to confirm the merit of thoracic paravertebral nerve block.

REFERENCE

1. Zheng Y, Wang H, Ma X, Cheng Z, Cao W, Shao D. Comparison effect of ultrasound-guided thoracic paravertebral nerve block and intercostal nerve block for video-assisted thoracic surgery under spontaneous-ventilating anesthesia. *Rev Assoc Med Bras* 2020; 66(4):452-457.

DATE OF SUBMISSION: 15-Jan-2020

DATE OF ACCEPTANCE: 19-Jan-2020

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