



Rhomboid intercostal vs PECS blocks in radical mastectomies

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To the Editor:

We read with immense interest the study comparing the rhomboid intercostal block (RIB) versus pectoral nerve blocks (PECS blocks) in modified radical mastectomies (MRM) [1], and would like to provide our insights.

Firstly, we feel that the authors could have mentioned the type of PECS block clearly in the title, introduction, as well as in abstract. Ideally, it could have been stated either as “PECS II blocks” or “modified PECS blocks” or more specifically “interpectoral plane block (IPPB) + pectoratus plane block (PSPB)” [2].

Secondly, and more importantly, the results of that study [1] need further discussion. Kulturoglu et al. observed that the tramadol consumption in the RIB group was lower when compared to the PECS group (58.3 ± 22.8 mg vs 68.3 ± 21.2 mg). Although it was statistically insignificant ($p=0.42$), the clinical significance needs careful consideration. Ideally, PECS II blocks should have resulted in lower opioid consumption as they provide more precise sensory coverage to the anterolateral aspect of the breast than RIB. Although axillary innervation is also complex like the breast [3], the chances of local anesthetic spread to this area are higher with a PSPB (subpectoral component of PECS II) than with the RIB as the site of injection is farther away in the latter technique despite applying more volume (20 vs 30 ml). We believe this could be the reason for suggesting an addition of the sub-serratus plane block to RIB. In addition, IPPB (pectoral component of PECS II) provides pain relief

from the “myofascial pain” associated with MRM [3], which does not apply to RIB. The previous study comparing these two techniques observed lesser opioid consumption in the PECS II group than in the RIB group. Notably, that study was conducted on patients who underwent “breast-conserving surgery with axillary dissection” [4], thus no disruption of pectoralis muscles or its fascia happened [3]. In contrast, the current study observed lesser consumption of opioids in the RIB group despite the type of surgery being MRM [1]. Hence, the results of the current study are intriguing.

To conclude, breast surgeries are “multidimensional entity” [5], and thus any regional anesthesia technique(s) should be chosen carefully based on the sensory coverage and the type of surgery.

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Data availability Data availability is not applicable to this article as no data was generated.

Declarations

Conflict of interest RMS, SN, SM -have no conflict of interest.

Ethical approval No research involving human subjects or animals is described.

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