Reviewer’s report

**Title:** Subdural spread of injected local anesthetic in a selective transforaminal cervical nerve root block: a case report

**Version:** 2  **Date:** 26 December 2011

**Reviewer:** Leif Anderberg

Which of the following best describes what type of case report this is?: Unreported or unusual side effects or adverse interactions involving medications

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

-------------------

-General comments.

The use of 1.5 ml for diagnostic nerve root blocks is far too much. To consider the nerve block selective to one root 0.5-0.6 ml is recommended. (Anderberg L, Säveland H, Annertz M. Eur Spine J. 2006 Oct;15(10):1465-71. Distribution patterns of transforaminal injections in the cervical spine evaluated by multi-slice computed tomography.) One ml and more is not selective as the injected substance might affect other nerve roots. Also the use of a lower volume reduces the risk for unwanted effects when accidentally injected intradurally. Maybe your technique moving in with the
needle 50% of the foramen is too far with increased risk for intradural injections.

- Revisions necessary for publication

Figure one is confusing. A plain AP-view is more easy to understand. I do not understand why a preinjection of local anaesthetic should confirm the needle position? That is why contrast media is used. Clarify this.

--------

Quality of written English: Acceptable

Declaration of competing interests:

I declare that I have no competing interests.