Title: Superficial cervical plexus block for management of herpes zoster neuralgia in C3 dermatome: a case report

Authors:

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Version: 8 Date: 21 November 2013

Author's response to reviews: see over
Author's response to reviews

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Authors:

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Version: 6 Date: 16 September 2013

Author’s response to reviews: see over
Reviewer’s report

Title: Superficial cervical plexus block for management of herpes zoster neuralgia in C3 dermatome: A case report

Version: 6 Date: 16 September 2013

Reviewer: Erifyli Argyra

Comments to authors:

General comments
This is an interesting report on the use of Superficial Cervical Plexus block for Postherpetic Neuralgia pain management, as it offers an alternative treatment to the difficult problem of PH neuralgia especially in debilitated patients due to the precision of the ultrasound technique and the small quantity of local anaesthetic needed to perform the block.

The report could be more specific in reference to the history of the patient (timeframe of the decease). For example the authors state ....” he had recently visited”, “a short time later” “Just prior to admission to our emergency room”. A more detailed presentation, if available, on: when HZ started, how long for was the patient on oral medication before visiting the emergency, or before the first stellate ganglion block was performed, would guide the reader to follow better the course of the described pain syndrome.

Change made as indicated by the reviewer. The history of the patient was described more specifically with the course of time.

Was the area of abnormal sensation (Hyperalgesia, dysaesthesia and or allodynia) mapped on admission to investigate if more than one nerve roots were affected?
Yes. Patient’s symptom was accompanied by hyperalgesia and allodynia corresponding to the distribution of C3 dermatome, especially overlapping with superficial cervical plexus (SCP). Change made as indicated by the reviewer.

It is not clear what the authors mean or how they have .... maintained the SGB?
Was it repeated how often, for how long?
Usually, as mentioned in the page of the discussion, if the employed intervention is effective, it is repeated until pain is markedly improved. The total numbers of SGB and SCP block applications were 6 and 1, respectively, during the patient’s hospitalization. Change made as indicated by the reviewer.

What was the NRS score prior to SCP block, that fell to 3 after performing the block?
...”About 10 days after starting the PCA, he requested its discontinuance” how long after the SCP block?
We couldn’t exactly check the NRS score just prior to SCP block. Initial NRS score of the patient’s sporadic pain was 8. Lastly, it fell to 3 through the course of the pain management. Change made as indicated by the reviewer.
Finally why do the authors believe that the use of this technique changed the course of pain for the particular patient? Please suggest why and when should the block be used compared to other modalities to make a difference to clinical practice.

Fortunately, the patient’s unbearable pain characterized by throbbing nature was neuralgia overlapping with SCP. Therefore, SCP block was effective. As you know, SCP is relatively superficial nerves which can be easily accessible by ultrasound and there are no major vessels just around the SCP.

On the basis of the results of this case report, we recommend SCP block as a potentially very effective, minimally invasive and ultrasound-guidable treatment option for control of intractable pain corresponding to the distribution of the SCP.

Change made as indicated by the reviewer.

**Quality of written English:** Acceptable

**Declaration of competing interests:**
I declare that I have no competing interests
Reviewer’s report

Title: Superficial cervical plexus block for management of herpes zoster neuralgia in C3 dermatome: A case report

Version: 6  Date: 25 October 2013

Reviewer: YUNSUK YS CHOI

Comments to authors:
Thanks for your submission
Please describe coagulation status.

The laboratory evaluation revealed a normal coagulation profile with a platelet count of more than 100,000 per microliter.
This information was attached as indicated by the reviewer (yellow-colored highlight).

Quality of written English: Needs some language corrections before being published