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

Which of the following best describes what type of case report this is?: Other

If other, please specify:

Innovative technique in pain management

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?: No

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: Yes

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.

Was the area of abnormal sensation (Hyperalgesia, dysaesthesia and or allodynia) mapped on admission to investigate if more than one nerve roots were affected?

It is not clear what the authors mean or how they have .... maintained the SGB? Was it repeated how often, for how long?

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?

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.

Quality of written English: Acceptable

Declaration of competing interests:

I declare that I have no competing interests