

Anesthesiology  
67:441, 1987

### Prevention of Postherpetic Neuralgia

*To the Editor:*—Because postherpetic neuralgia is so serious, and the article “No Prophylactic Effect of Early Sympathetic Blockade of Postherpetic Neuralgia”<sup>1</sup> is contrary to our results, I am compelled to criticize both the methods and conclusions of that report:

1) There is a question of adequacy of the authors' blocks; for stellate ganglion block, they used “8 ml of 1% mepivacaine,” while Moore<sup>2</sup> recommends 10–15 ml and Cousins and Bridenbaugh<sup>3</sup> recommend 15–20 ml “—to fill the space in front of the prevertebral fascia down to at least T<sub>4</sub>.”

2) The 6 ml stated as used in the epidural space for thoracic or lumbar zoster distribution will be effective only if given precisely over the involved sympathetic segments, which is not always achieved exactly. The authors did not describe at what levels injections were made.

3) For “caudal distribution of herpes zoster—caudal/epidural block was used.” Caudal injection will not block sympathetic nerve roots of ganglia unless large volumes are used, as the last sympathetics leave the spinal cord (and vertebra) at L<sub>2</sub>.

4) No measurements or observations were described to substantiate the presence of an adequate sympathetic block.

5) Since “10% to 25% of acute zoster patients develop post-herpetic neuralgia” giving daily blocks to all patients for up to 4 weeks hardly seems justified. Each patient should be observed carefully during the first 3 weeks of the acute phase of herpes zoster; pain will subside in most with rest and analgesics alone. Patients with pain that does not progressively diminish must be blocked before day 24.

6) Our work, treating only those patients whose pain persisted over several days (unless severe) with one to four confirmed sympathetic blocks, resulted in no postherpetic neuralgia in any patient treated between 6 and 24 days of onset of symptoms. Patients whose pain

was subsiding spontaneously were not blocked, with none developing postherpetic neuralgia. Since our study was published (Bauman J: Treatment of acute herpes zoster neuralgia by epidural or stellate ganglion block. *ANESTHESIOLOGY* (Suppl)51:S223, 1979), more than 100 additional patients with *persistent* pain were blocked within 24 days of onset, and none of these has developed postherpetic neuralgia.

All may not be lost in Yanagida's study. Table 4 shows that, of group 2 patients treated beginning day 9, 0 of 22 developed postherpetic neuralgia, and only one of 42 treated beginning on day 10 had postherpetic neuralgia, a total of one in 64 in this group. This incidence of 1.5% is significantly lower than the 10% to 25% predicted.

In conclusion, our work shows no postherpetic neuralgia in patients treated by sympathetic blocks starting within the first 24 days of the onset of symptoms; Yanagida's work confirms this, but also suggests that treatment before day 9 may be ineffective.

I hope others will pursue this hypothesis, as our results have been dramatic. Otherwise, the consequences of postherpetic neuralgia are frequently tragic.

J. BAUMAN, M.D.  
Assistant Clinical Professor  
Department of Anesthesia  
UCLA School of Medicine  
P.O. Box 25310  
Los Angeles, CA 90025

#### REFERENCES

1. Yanagida H, Suwa K, Corssen G: No prophylactic effect of early sympathetic blockade of postherpetic neuralgia. *ANESTHESIOLOGY* 66:73–76, 1987
2. Moore DC: Regional Block. Springfield, Charles C. Thomas, 1953, pp 95–96
3. Cousins MJ, Bridenbaugh PO: Neural Blockade. Philadelphia, J. B. Lippincott Co., 1980, p 367

(Accepted for publication April 20, 1987.)

Anesthesiology  
67:441–442, 1987

*In Reply:*—We thank Dr. Bauman for his careful and critical review of our article. We admit that we have not seen Dr. Bauman's abstract. We also admit that our article is a summary of our own clinical experience, and is not the result of a controlled study.

We totally disagree, however, with what Dr. Bauman states and insists in his letter. For one thing, Dr. Bau-

man's conclusions are based on his one-page abstract on his personal experience which has been neither presented or published anywhere. Specifically, we rebut Dr. Bauman's comments as follows.

1) Dr. Bauman was using 10 ml of 0.25% bupivacaine for stellate ganglion blocks, neither 15 ml nor 20 ml.