

Letter to the Editor on Mahajan S. et al.'s Randomized Control Trial of PENG Block Analgesia in Pelvic and Acetabulum Fractures

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LETTER TO THE EDITOR

I have read with great interest the article titled "A randomized Control Trial of Pericapsular Nerve Group (PENG) Block Analgesia in Pelvic or Acetabulum Fractures" by Mahajan S, et al. I extend my congratulations to the authors for their commendable effort in exploring a novel and promising approach to pain management for patients with pelvic or acetabulum fractures.

The study's focus on the efficacy of PENG block, particularly its motor-sparing effects. This contribution not only broadens the scope of pain management techniques in orthopedics but also paves the way for further research on nerve blocks for acute trauma. While reviewing this study, I came across certain observations and questions that I believe could enhance the understanding and clinical applicability of the findings.

- First, the term "pelvic or acetabulum fractures" in the title warrants further specificity. Pelvic fractures encompass a broad spectrum of injuries, including those to the ilium, ischium, pubis, as well as sacrum, which may or may not directly involve the anterior capsule of the hip joint targeted by the PENG block. Clarification of whether all included cases met specific anatomical criteria related to the PENG block's mechanism of action would enhance the precision of the study's implications and its applicability to diverse fracture patterns.
- In the materials and methods section, the authors noted that vital signs were recorded at intervals of 30 minutes for two hours, followed by every six hours for 48 hours. However, in the results section, comparisons of Heart Rate (HR) and Blood Pressure (BP) were presented only at intervals of 6, 12, 24 and 48 hours. It is unclear whether the lack of comparisons for shorter intervals was due to non-significant findings or methodological considerations. Were the values significant in all intervals, so author didn't consider for comparison on all predefined intervals?
- The control group (Group B) was managed with analgesics as per the protocol of the orthopedic department at the authors' institution. While this is a standard approach, a brief outline of the protocol, would offer valuable context. This would also

help readers understand the baseline against which the PENG block's efficacy was compared.

- The study compared the use of antiemetics between the two groups, highlighting reduced requirements in the PENG block group. However, pelvic and acetabular fractures are often associated with concomitant injuries, such as head trauma, which can independently contribute to nausea and vomiting. Were such cases excluded from the study, or were their contributions accounted for? Additionally, opioid analgesics such as tramadol, commonly used for pain management, are known to cause nausea and vomiting. Since tramadol was employed as a rescue analgesic in Group B within the first 24 hours, further analysis of its role in necessitating antiemetics would be informative.
- The materials and methods section also mentions that complications, including nausea, vomiting, delirium, hematoma, accidental drug inoculation into vessels and paresthesia, were recorded. However, the results and discussion sections only addressed antiemetic use, leaving readers uncertain about whether other complications were observed or omitted from the discussion. Including this information would provide a more holistic view of the safety profile of the PENG block.
- Finally, it is noted that all patients were managed conservatively during the 48-hour study period. Were there any cases that required conversion to surgical management? If so, it would be valuable to understand how such cases were handled and whether they were included in the analysis. Such information would further contextualize the study's findings and their applicability in real-world clinical scenarios.

I once again commend the authors for their significant contribution to advancing pain management for pelvic and acetabulum fractures. Addressing these observations would further enrich the study, providing readers with a clearer understanding of the methodology, results, and implications. I look forward to future research in this domain to build upon the insights shared in this pioneering work.

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Received: 19-Nov-2024, Manuscript No. JACR-24-35267; **Editor assigned:** 22-Nov-2024, PreQC No. JACR-24-35267 (PQ); **Reviewed:** 06-Dec-2024, QC No. JACR-24-35267; **Revised:** 02-Apr-2025, Manuscript No. JACR-24-35267 (R); **Published:** 09-Apr-2025, DOI: 10.35248/2155-6148.25.16.1176

Citation: Regmi A (2025) Letter to the Editor on Mahajan S. et al.'s Randomized Control Trial of PENG Block Analgesia in Pelvic and Acetabulum Fractures. J Anesth Clin Res. 16:1176.

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ACKNOWLEDGEMENT

None.

CONFLICTS OF INTEREST

There are no conflicts of interest.