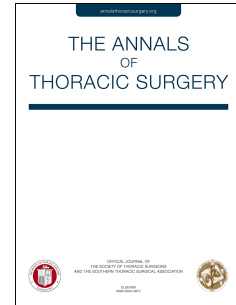


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Epidural Analgesia Versus Transversus Abdominis Plane Block For Esophagectomy:
Are They Equivalent?

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To the Editor:

We read with great interest the article of Levy et al. [1] in a recent issue of the journal. The authors retrospectively reviewed the records for sixty-one patients undergoing esophagectomy using either bilateral transversus abdominis plane (TAP) blocks and patient-controlled analgesia (PCA, n = 32) or thoracic epidural analgesia (T5 to T8, n = 29) and concluded that bilateral TAP blocks together with a PCA is an alternative option for pain control in patients undergoing esophagectomy and may reduce hypotension and the need for volume resuscitation with similar pulmonary complications. The authors should be congratulated for performing a well-designed study to improve an important topic (e.g. acute pain) in patients undergoing thoracic surgery [2, 3]. In addition, the current interest in the use of regional anesthesia (specifically TAP blocks) to improve postoperative analgesia across many surgical procedures makes the topic timely in perioperative medicine [4, 5].

Although the study of Levy et al. was well conducted, there are some questions regarding the study that need to be clarified in order to determine the validity of the results. First, it is not clear if the intraoperative analgesic administration was standardized as this can significantly affect the main outcomes. Secondly, the authors did not specify the reason for the selection of one technique or the other and, this can introduce selection bias that may invalidate the results. Lastly, it would be important to present the total intravenous fluids received by each group to ensure the readers that the technique and not fluid management was responsible for the observed differences in hypotension rates between the groups.

We would welcome some comments to address the aforementioned issues. This would help to further substantiate the findings of this important study.

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