Add-on therapy of interfascial hydrodissection to trigger point injection for myofascial pain?

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DEAR EDITOR,

We read the article by Chou et al[1] published in the recent issue of the *Journal of the Chinese Medical Association* with exciting admiration. The authors demonstrated that targeted ultrasound-guided dextrose injection was remarkably effective for refractory localized myofascial pain syndrome.

Myofascial pain syndrome is defined as pain of muscular origin arising from myofascial trigger points. The stimulation of trigger points may reproduce completely patients' pain pattern.[2] Although myofascial trigger point injections are frequently indicated for myofascial pain syndrome,[3] Chou et al[1] revealed that ultrasound-guided interfascial injection is another approach that can be attempted in the management of myofascial pain with minimum traumatic damage to the muscles.

However, we would like to share several observations related to this study. Firstly, the study subjects' pain might be more related to nerve entrapment, which is deliberated from that there was no evidence of direct treatment applied to the trigger points in the article. Secondly, it would be helpful to know whether the assessment of pain severity in this article was performed using the Numerical Rating Score or the Visual Analog Scale. The description of pain assessment in the article ("scores ranged from 0 to 10, with 0 indicating the absence of pain and 10 indicating maximal pain intensity") is usually describing the Numerical Rating Score that is an ordinal variable and inappropriate for comparisons using a paired sample *t* test. However, if the pain severity was estimated by Visual Analog Scale, it is unclear how this could be used in the follow-up via telephone.

Finally, we are also appreciated with the central concept explored in this study which is certainly helpful for the patients with chronic pain, especially there is no risk of local anesthetic toxicity.

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