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Letter to the Editor
Before Headaches and Neck Pain are Classified as Chronic and Spinal Cord Stimulation and Branch Blocks are Used, Their Causes Must be Determined

Dear Editor:

We read with interest the article by Misak et al. about a 40-year-old female patient with chronic headaches and neck pain who was treated with a cervical spinal cord stimulator (1). Her medical history also included fibromyalgia and inflammatory arthritis (1). While the headaches resolved after spinal cord stimulation, the neck pain persisted. The patient then underwent a fluoroscopically guided cervical branch block C3-5, which showed positive results after one month (1). Although the study is noteworthy, several points warrant discussion.

First, the study did not report which investigations and treatments were performed to classify the headaches and neck pain as chronic and treatment-resistant (1). What were the results of the cerebral magnetic resonance imaging (MRI), cerebrospinal fluid (CSF) analysis, and nerve root MRI prior to cervical spinal cord stimulator implantation? Was there any evidence of spinal trauma or traumatic brain injury in the patient's medical history? Was a functional disorder considered and the patient referred to a psychiatrist?

Second, the one-month follow-up period is too short to assess the efficacy and long-term benefit of fluoroscopically guided cervical medial branch block. How is the patient doing after six months or one year? Was a repeat cervical branch block or the use of other, more aggressive therapies necessary?

Third, the term "inflammatory polyarthritis" was not specified (1). Do the authors mean infectious or autoimmune arthritis? If immunological arthritis is meant, do the authors mean rheumatoid arthritis, primary rheumatoid arthritis, ankylosing spondylitis, systemic lupus erythematosus, or juvenile idiopathic arthritis? It is also unclear what treatment the patient received from the rheumatologist. Was she treated with long-term immunosuppressants? Did she also receive corticosteroids?

The fourth point concerns the cause of the headache and neck pain (1). Were the neck pains due to a previous spinal trauma, poor posture, muscle tension from overuse, osteoarthritis, uncovertebral joint osteoarthritis, nerve compression, or a cerebrospinal fluid leak? Were the facet joints also affected by polyarthritis?

The fifth point concerns the missing results of the cervical spine X-ray examination (1). Were spondylosis, chondrosis, osteochondrosis, spondyloarthritis, uncovertebral joint osteoarthritis, facet joint osteoarthritis, foraminal stenosis, Baastrup's syndrome, and osteoporosis ruled out as causes of the chronic neck pain?

Finally, the current medications were not documented (1). It should be investigated whether analgesics, muscle relaxants, antidepressants, sedatives, anxiolytics, or neuroleptics were being taken. Antiepileptic drugs had a supportive effect and contributed to the results after branch blocks. It is therefore crucial to know which medications she was taking regularly.

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REFERENCES

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