

IN RESPONSE:

About 50 years ago, reports began to trickle into the literature about depressed patients treated with tricyclic antidepressants and monoamine oxidase inhibitors whose chronic pain symptoms were also alleviated (1,2). Although most physicians were skeptical about a possible link between antidepressants and analgesia, anecdotal reports of inadvertent pain relief during the pharmacological treatment of depression continued to emerge, until in 1964 Lance and Curran published the first randomized controlled study demonstrating that TCA can effectively reduce pain in non-depressed patients (3). Today, TCA are considered a first line treatment for a wide array of chronic pain conditions (4,5).

This narrative is not intended to demean Dr. Huang or disparage his supposition, but rather to highlight two salient points. First, almost all serious complications from medical interventions are initially described via anecdotal reports similar to ours.⁶ Second, it would be imprudent to summarily dismiss any possibility of a link between spinal cord stimulation and renal failure just because it has never been reported. This would be akin to the position Merck initially took with rofecoxib and the possible association with an increased risk of cardiovascular events, and we all know how that turned out (7,8).

In conclusion, our manuscript was never intended to establish a definitive connection between spi-

nal cord stimulation and renal failure. Instead, it was merely meant to raise the possibility of such an association. We concede the possibility that dehydration in and of itself could have caused our patient's renal failure, but at the same time we also believe it is in the best interest of our specialty not to discount the possibility that spinal cord stimulation did contribute to this complication. After all, time will be the final arbiter of the truth.

Steven P. Cohen, MD
Johns Hopkins School of Medicine
Baltimore, MD 20205
Walter Reed Army Medical Center
Washington, DC 20307
E-mail: scohen40@jhmi.edu

Anthony Dragovich, MD
Womack Army Medical Center
Fort Bragg, NC 28307
Walter Reed Army Medical Center
Washington, DC 20307

Thomas M. Larkin, MD
Parkway Neuroscience and Spine Institute
Hagerstown, MD 21740
E-mail: larkintm@comcast.net

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