

## **e**In Response to Huhn et al RE: Hypothalamic Pituitary Adrenocortical Axis Suppression Following a Single Epidural Injection of Methylprednisolone Acetate: Review, Patient Safety and Clinical Care

We appreciate the authors' interest and their valuable input (1) in our published article (2). We agree that written discharge instructions need to be provided to patients including type and quantity of the steroid, date, and site of injection for improved post procedure safety and clinical care. This information is especially important to provide steroid coverage during major stressful events 4 weeks following a single dose of epidural steroid injection.

We concur with the authors that recent evidence has suggested a shift of first-line epidural steroids to dexamethasone. A future study to assess the degree of adrenal suppression with epidural dexamethasone injections is in pipeline as encouraged by authors. Additionally, a comparative analysis of the extent of HPA axis suppression with epidural methylprednisolone and dexamethasone in a future randomized controlled trial will also be planned.

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### **REFERENCES**

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