

In Response

To the Editor:

Thank you so much for your letter from the specialists at Sichuan University West China Hospital. We are honored to receive your attention for our work. Having read your letter carefully, we will answer your questions in the following three points:

First of all, we do agree with you that antiepileptic drugs such as pregabalin and gabapentin are recognized for their role in the treatment of herpes zoster-related pain (1). In fact, most of the patients were given pregabalin or gabapentin at the beginning of their illness. Unfortunately, in our clinical experience, many patients did not have good pain relief after taking drugs, so we would recommend hospitalization for neuromodulation. During hospitalization, all patients were given oral pregabalin or gabapentin, which was a homogenized management protocol in our department for the treatment of herpes zoster-related pain.

The main purpose of this study was to investigate the factors that influence the recurrence rate after CT guided pulsed radiofrequency (PRF) and radiofrequency thermocoagulation (RF-TC), and to construct a logistic regression model based on the stepwise screening of independent variables which have important contributions based on the Akaike Information Criterion (AIC). Finally, the individual radio was predicted by nomograms. Considering that each patient was given the same type of analgesics, we did not include the use of analgesics as an independent variable in the model construction, we also did not compare the dosages of analgesics before and after surgery to determine the efficacy, as this was not controllable in this retrospective study, and this was not the emphasis of our research, so we included only a limited follow-up results to enrich the results.

This study was a single-center retrospective study, and most of the patients were middle-aged and elderly people. Information on the type and dosage of analgesics was incomplete, we could not analyze those data

when the quality of the information was not ideal. It is worth mentioning that at present, our team is carrying out a longer period of efficacy observation in a multi-center collaboration, and more samples will be included in the follow-up to evaluate the advantages and disadvantages of different procedures in detail on the drug use, pain score, complications and other end points of patients.

In conclusion, in this study, we provided analgesics (pregabalin or gabapentin) to each patient, and we may not have stated this point in the manuscript because the emphasis of this study was to explore the risk factors for relapse. We think this may not have much impact on our conclusion. Thank you again for your letter. Your suggestion is of great significance for us to improve the quality of our study and guide our future research.

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REFERENCES

1. Gross GE, Eisert L, Doerr HW, et al. S2k guidelines for the diagnosis and treatment of herpes zoster and postherpetic neuralgia. *J Dtsch Dermatol Ges* 2020; 18:55-78.