

In Response

To the Editor:

We have read with interest the "Letter to the editor" text of Professor Shaoting Zeng et al., in which they comments on some parts of our recent paper entitle "The efficacy and safety of applying the combination of pulsed radiofrequency and platelet-rich plasma to the gasserian ganglion for the treatment of idiopathic trigeminal neuralgia: A protocol for a multi-center, prospective, open-label, propensity score match cohort study (1)."

As he interpreted, the PRF group receiving an equivalent volume (2 mL) of normal saline injection would reduce confounding factors in control group design. As mentioned in the background, ethical considerations precluded the design of an interventional randomized controlled trial (RCT). Instead, an observational study was conducted with group allocation based on patient preference. Consequently, it was not feasible to administer a nontherapeutic 2 mL saline placebo. Nevertheless, this suggestion is highly valuable and could be incorporated into future study protocols pending positive results from preliminary investigations.

Secondly, the suggestion of adding a pulsed radiofrequency (PRF)+glucocorticoid control group is an excellent idea, which would enable systematic comparisons among three arms and lead to more comprehensive result. If this preliminary trial demonstrates the initial efficacy of platelet-rich plasma (PRP) treatment, alternative trial designs will be employed to conduct more standardized clinical studies.

Thirdly, Professor Shaoting Zeng et al. introduced

an modified PRF therapy to achieve optimal therapeutic outcomes, which provides better therapeutic efficacy with less side effects. Although the proposed trial design was scientifically sound and we are supportive towards therapy improvement in study design, no supporting references were identified in the literature review. Moreover, since the primary aim of our study was to investigate the efficacy of PRP, it is sufficient to ensure an identical protocol of the PRF procedure in both study groups. Therefore, the methodology described in this paper was ultimately adopted according to our previous clinical study and literature review (2-5).

This will be the first study protocol to propose the concept of PRF combined with PRP to treat idiopathic trigeminal neuralgia, representing exploratory work in this area. However, given the limitations of this observational study, we are grateful for your valuable suggestions and hope that future studies will further explore this area, providing additional evidence.

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