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Selective Block of the Nerves of the Brachial Plexus

To the Editor:—I read with interest the article by Partridge *et al.*¹ and the accompanying editorial² concerning axillary block.

Unfortunately, the article describing the anatomy of the brachial plexus in 18 cadavers does not mention the musculocutaneous nerve. Clinicians are aware that blockade of this nerve is frequently missed in single injection techniques. One way to make certain of anesthetizing the musculocutaneous nerve or any other nerve in the axilla is to selectively stimulate that nerve.^{3*} Although the editorial mentions the possibility of lesions to the nerves with paresthetic techniques,² we have used peripheral nerve stimulation with insulated pin-type point needles for many years,[†] and this may be an answer to this problem.

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In Reply:—We appreciate Dr. Martin's interest in our study.¹ Dr. Martin is, of course, correct in noting that we did not include the musculocutaneous nerve in our study. As he points out, the musculocutaneous nerve exits the neurovascular bundle prior to the point at which the brachial plexus sheath enters the axilla, so its distribution is not relevant to the questions of whether there are functional septa within the sheath, or whether single injections within the sheath contact all the nerves lying within it.

Efforts to anesthetize the musculocutaneous nerve have included separate injections outside the axillary sheath, into the coracobrachialis muscle,² and techniques to extend proximal flow of drug injected into the axillary sheath.³⁻⁵ As we discussed in our article, we were not certain that proximal flow would be the same in cadavers as in living patients, and so did not examine this. In addition, as Dr. Martin suggests, a number of authors have previously suggested using nerve stimula-

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tors to locate nerves for peripheral nerve blocks.^{6,7†} As far as we are aware, however, no published study has demonstrated that success rates for axillary blocks are higher with this technique than with the others we discussed. We still believe that individual experience with a particular technique is probably the most important indicator of success with brachial plexus anesthesia.

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