To the Editor.—I read with interest Elias and Chakerian’s recent report in which they describe the use of a catheter technique for stellate ganglion block in a pediatric patient. The authors are to be commended for thus sparing the child the trauma and discomfort of repeated stellate blocks by separate injection.

However, although the authors state, “...to our knowledge, this is the first report of placement of a catheter to perform a series of stellate ganglion blocks, thereby avoiding repeated needle placements...,” I published the first case report of a continuous catheter stellate ganglion block in this journal in 1967! Although my patient was an adult, the concept and goals were similar.

What may have been considered an innovative approach by the authors is a technique that, in fact, is almost 30 yr old.

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In Reply.—Geraci’s comments regarding our case report are appreciated. The authors apologize for overlooking his report of the first use of the stellate ganglion catheter technique.

We agree that this technique is not new. However, we believe that Geraci missed the point of our report, which was management of pain in a pediatric patient. Children’s pain management presents special difficulties, especially when invasive procedures are involved. This also is an age group whose pain is often underreated. The authors hope to increase awareness of these issues and offer an alternative treatment. The end of the sentence Geraci quoted is, “...and general anesthetic administration in a pediatric patient.”