

Letter to the Editor

Myofascial pain syndrome: Efficacy of different therapies

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We read with great interest the article by M. Esenyel et al. [1] regarding the different alternatives in the treatment of myofascial pain syndrome. This is the first published study aimed to investigate the effects of high power pain threshold ultrasound technique in the treatment of *chronic* myofascial pain. We have a few concerns and contributions. The authors have included patients with pain of over 6 month duration. However, the chronic myofascial pain generally leads to biomechanical and functional deficits that need to be corrected as well. This has been the logic behind our original study comparing high power pain threshold ultrasound with conventional technique derived from our experience with this novel approach on at least 1000 patients with acute myofascial pain [2,3]. We strongly believe that chronic myofascial pain should rather be treated through a biomechanical and functional approach.

Another point is the severe pain felt by the patients during the application of high power pain threshold ultrasound technique reported in the results section of this study [1]. The pain felt by the patients is a determination of its irritating effect on the trigger point that can be immediately adjusted by the therapist. Furthermore, this pain subsides immediately upon termination of the therapy and is not a persisting complaint such that may occur after local injections. So this should

not be considered as an adverse effect if the technique applied correctly.

We would suggest that high power pain threshold ultrasound technique should be used in the treatment of acute myofascial pain syndrome as we found to be as effective as trigger point injection in a recent study [4]. This way, high power pain threshold ultrasound might have yield better results than obtained in this study [1].

References

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