To the Editor:

We read with great interest the article titled “Review of Intranasally Administered Medications for Use in the Emergency Department” by Bailey et al. (1). The authors have covered in detail all the medications, indications, and doses of intranasally used medications in great depth. We would like to add one more drug that can be given transnasally for headache: lidocaine.

We are referring to transnasally performed bilateral sphenopalatine ganglion block (SPG), which can be done very easily in the emergency department (ED) or in consultation chambers for headache of any etiology. SPG is a triangular-shaped parasympathetic ganglion situated in the pterygopalatine fossa. The ganglion has sensory and sympathetic supply as well (2).

The indications of SPG block are cluster headaches, trigeminal neuralgia, postherpetic neuralgia, temporomandibular joint pain, Sluder’s neuralgia, paroxysmal hemicranias, atypical facial pain, pain due to head and neck cancer, complex regional pain syndrome I and II, and vasomotor rhinitis (3). The block is also effective for alleviating for postdural puncture headache, which is a disastrous consequence after intentional dural puncture for a spinal anesthetic or unintentional dural puncture during an epidural catheter placement (4).

SPG block provides good surgical anesthesia and postoperative analgesia for oral and maxillofacial surgeries. A lidocaine-soaked swab has to be inserted via the nostrils, with the patient preferably supine or in the sitting position with the neck extended. The swab is then advanced in each nostril after adequate lubrication until a resistance is encountered, which is usually the posterior pharyngeal wall superior to the middle turbinate. The swab is left in place for 15–20 min and then removed.

The pain relief after the block is due to blockage of parasympathetic, sympathetic, and sensory supply, mediated via SPG. Therefore, headache of any etiology can be addressed with a transnasally placed swab soaked with 2% or 4% lidocaine or a 10% viscous lidocaine.

Bilateral SPG block was performed by Kent and Mehaffey in 3 patients with confirmed postdural puncture headache in the ED using 2% viscous lidocaine (5). The authors found that all 3 patients had good relief after the transnasal local anesthetic.

In conclusion, bilateral transnasal SPG block is a simple procedure that can be safely performed in the ED with good results, which will ultimately reduce the suffering of the patient. Once pain is relieved, the patient can be sent for necessary investigations.

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