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RESPONSE TO LETTER

Regarding "Enhancing Predictive Accuracy for Acute Herpetic Neuralgia Treatment: A Fresh Perspective on Pulsed Radiofrequency Therapy Research" [Response to Letter]

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Dear editor

In response to a recently published article, I am representing all authors to address the constructive comments and suggestions provided by Hong et al.[1,2]

Firstly, we acknowledge the variations in pain intensity and characteristics associated with shingles in different anatomical locations. Thus, it is more appropriate to categorize herpes zoster based on different sites. However, we have considered the significant differences in Current Perception Threshold (CPT) across sites, noting the prevalence of herpes zoster on the thoracic dorsal trunk. To mitigate heterogeneity, our initial exploration included only patients with thoracic dorsal herpes, as detailed in the methods section. Subsequently, we have factored in the site and nature of pain in our larger-scale studies, aligning with the recommendation by Hong et al.

Secondly, we recognize the validity of Hong et al's concerns regarding variable covariance. We also accounted for this when screening the variables. We applied stepwise regression to minimize the effect of multiple covariances between variables, as described in the Results section. Of course, the suggestion by Hong et al to employ the Variance Inflation Factor (VIF) for assessing covariance between variables significantly contributed to our results. Therefore, we supplemented the VIF of multivariate logistic regression variables and the results show that no covariance problems were found among them (VIF<5). (Table 1)

Table 1 Variance Inflation Factor of Multivariate Logistic Regression Variables

Variable	VIF
Age ≥65	1.016
NRS ≥6	1.020
5Hz CPT ratio	1.018
2000 Hz CPT ratio	1.385

Abbreviation: VIF, Variance Inflation Factor.

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Furthermore, we fully support Hong et al's perspective on the collaborative multidisciplinary approach to managing patients with herpes zoster. Managing herpetic neuralgia poses a complex challenge that has long perplexed healthcare professionals. Particularly, managing patients with postherpetic neuralgia (PHN) presents unique difficulties. Therefore, the collaboration of pain physicians, dermatologists, neurologists, and psychologists is crucial to enhancing patient outcomes by leveraging their respective expertise. The proposal to establish a multidisciplinary management team is not only reasonable but also urgently required.

In conclusion, we express our gratitude to our readers for recognizing our research findings and offering valuable suggestions. We appreciate the opportunity to address and refine our study to ensure the accuracy of our results. By contributing to clinical decision-making for patients with herpes zoster neuralgia, we aim to facilitate more precise and personalized treatment approaches.

Disclosure

The authors report no conflicts of interest in this communication.

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