increase the accessibility of these continuous block/catheter techniques and help to improve patients' perioperative outcomes.

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Pectoralis Major Motor for Interscalene Block: What to Do With It?

To the Editor:

We read with great interest the recent report by Tonidandel and Mayfield[1] regarding successful interscalene block after pectoralis major motor response and would like to congratulate the authors for trying to assess the efficacy of uncommonly encountered muscular response during performance of the interscalene block. The use of a nerve stimulator is not just a helpful aid, as written by Tonidandel and Mayfield, nowadays it is even the gold standard.[2] However, we still have some concerns dealing with the following points.

We understand the study is limited by its retrospective design. However, it would be interesting to know how many ISC had to be performed in total to get 40 patients with isolated pectoralis major motor response. It would be interesting to know which approach of the interscalene brachial plexus was chosen by the authors to perform the block. Due to the distal emergence of the 2 pectoral nerves out of the lateral and medial cords, we assume, although it is not specified in the text, you had a lateral pectoralis major response. With classic approaches, modified lateral[3] or Winnie,[2] it seems difficult and unusual to be able to elicit an isolated pectoralis major muscular response. In our experience, stimulation of the lateral pectoral nerve has always been associated with some other muscular responses, mainly the biceps muscle.

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