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## Response to the “Comments on ‘Dorsal scapular nerve entrapment neuropathy managed by ultrasound-guided hydrodissection – a case report’”

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We highly appreciate the time taken out by King Hei Stanley Lam, Chen-Yu Hung and Daniel Su to review our article in such depth and give their detailed views on it. In response to the comments submitted by Lam *et al.*<sup>(1)</sup> to our article “Dorsal scapular nerve entrapment neuropathy managed by ultrasound-guided hydrodissection – a case report”, we reviewed our work again<sup>(2)</sup>.

Unfortunately, the authors do not agree with Lam *et al.*'s diagnosis of notalgia paraesthetica. The patient presented in our article classically had only medial scapular border pain along the entire length and no skin lesions (commonly seen with nostalgia), and the pain distribution was not at all consistent with the clinical diagnosis of notalgia paraesthetica. The structure marked is the dorsal scapular nerve indeed, and not the posterior ramus of the intercostal

nerve<sup>(3)</sup>. The dorsal scapular nerve has known variations in its origin, innervations of muscle, and course<sup>(4)</sup>.

The intercostal muscle is deep to the DSN, and in experienced hands it is highly unlikely that a specialist will pierce the intercostal muscle first and then the pleura and lung.

Once again, though, we appreciate the hard work the authors put into their comments.

### Conflict of interest

*Authors do not report any financial or personal connections with other persons or organizations, which might negatively affect the contents of this publication and/or claim authorship rights to this publication.*

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