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block, certifies whether the needle's bevel is in the wall of a major blood vessel, passes through a kidney, or lies inside the pleura or in the epidural or subarachnoid space. 

If the readers of this letter know of the occurrence of a catastrophic sequel from NCPB using CT, it would be helpful in evaluating whether any roentgenographic technique could eliminate a catastrophe from NCPB.

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References

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Although use of CT might eliminate the morbidity from celiac neurolysis, the extremely low incidence of paraplegia from celiac block and vascular injury from transaortic lumbar angiography (referenced in our case report) would require many thousands of patients to be studied to compare different techniques. I would expect that paraplegia specifically would not be lessened using CT, because any major arterial source to the spinal cord arising from the aorta and in the vicinity of the injected agent could be affected and lead to cord ischemia.

I concur with Moore's request for readers of his letter to report adverse occurrences and emphasize that all adverse events associated with celiac neurolysis, not just those involving CT guidance, should be reported. However, the only truly accurate determination of complication rates associated with celiac plexus blocks would be through a mandatory central registry of all procedures.

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References

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