Comment on: does caesarean section negatively influence the post-partum prognosis of low back pain and pelvic pain during pregnancy? (Ingrid M. Mogren)

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The authors of this manuscript studied the possible association between persistent low back pain and epidural or spinal anaesthesia and caesarean section (CS). They concluded that epidural or spinal anaesthesia was not associated with an increased risk of persistent low back pain, whereas elective CS was.

This study is a very interesting and well-designed study with a clear message. Nevertheless, the readers should interpret this study with caution for the reasons presented below.

The lack of information regarding the presence and etiology of previous low back pain, and the potential effects of that pain on post-partum low back pain were the main drawbacks of this study. They reported that 32% of their cases have had previous low back pain before pregnancy. However, the previous pain was not categorised into any subgroups, and the outcome of

these patients was not reported. Furthermore, the classification and scoring of the pain was not assessed based on the common spine-related pain scoring systems such as VAS, SF-36, or Oswestry. This makes it difficult for professional spine health care specialists to assess the pain level.

Another problem is regarding the technique of spinal anaesthesia. It is known that a variety of spinal or anaesthesia techniques (i.e. the gauge of the spine needle, the number of puncture, the experience of anaesthesiologist) may affect low back pain.

Overall this is an interesting article. I hope that in the future the authors will report the results of a larger sample which will further insight into the association between elective CS and persistent pain, as well as the potential relationship between previous low back pain and pregnancy-related low back pain.

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