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Letter to the Editor

Can ozone injections be blinded in research?

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We read with interest the study by Hesam et al.,[1] titled, "Local ozone injection compared to local glucocorticoid injection in carpal tunnel syndrome: A randomized controlled trial." We congratulate the authors for their valuable contributions. However, we have concerns regarding the article and would like to discuss some points.

In the mentioned study, one group was administered ozone injections, while the other group was administered triamcinolone acetonide. In both applications, 1 mL of 1% lidocaine was used. Although it is stated that this study was conducted in a double-blind design, the article does not mention that there was a measure that prevented patients from seeing the contents of the injection syringes during administration. Considering that the patients read the consent form before the study, the patients were aware that they were being injected ozone with a syringe containing air. Therefore, the study should be considered assessor-blind rather than double-blind due to its design. The patients' awareness of the ozone therapy, which is popular and well-known,[2] may be a source of bias in the study results.

Another point that should be emphasized is that ozone was injected along with lidocaine. Local anesthetics used in carpal tunnel syndrome injections alone may have positive effects in both the short and long term.[3] Therefore, it is difficult to attribute the effects observed in the ozone-treated group entirely to ozone.

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