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Letter to the Editor

Comment to the article: Where and how should prolotherapy and steroid injections be administered for optimal outcomes in plantar fasciitis?

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I read with interest the article by Teymouri et al.[1] titled *"Ultrasound-guided prolotherapy versus corticosteroid injections for the treatment of patients with plantar fasciitis: A randomized controlled trial."* However, I have a concern regarding the methodology used for the injection procedures.

The article does not specify the exact location where the ultrasound-guided steroid or prolotherapy injections were administered. Ultrasound-guided injections for plantar fasciitis are typically performed either superficially or deeply around the plantar fascia rather than directly into the fascia itself due to the risk of complications such as plantar fascia rupture. It is important to note that the clinical outcomes may vary depending on whether the injection is applied superficially or deeply. In a study by Gurcay et al.,[2] deep steroid injections resulted in greater improvements in plantar fascia thickness, pain, disability, and quality of life compared to superficial injections.

In prolotherapy injections applied to the plantar fascia, although all are performed interfascially, the specific techniques vary considerably. In the study by Asheghan et al.,[3] the prolotherapy injection was administered interfascially, targeting the hypoechoic and mixed echogenic areas of the plantar fascia, without employing the peppering technique. In another study, a dextrose solution was injected both into the center and around the damaged area of the plantar fascia using the peppering technique.[4] In a study by Mansiz-Kaplan et al.,[5] prolotherapy injections were delivered to multiple sites: the attachment points of the plantar fascia to the metatarsal bones and heel, as well as the midpoint of the fascia. In another study, ultrasound-guided plantar fascia injections were applied directly into the most tender point of the plantar fascia without using the peppering technique.[6] Currently, there is no established consensus regarding the optimal injection sites or techniques for dextrose prolotherapy in the treatment of plantar fasciitis.[7] Therefore, to enable a more accurate comparison with the existing literature, it is essential to provide detailed information regarding the injection sites and techniques used in your study.

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