



Letter to the editor

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The comparative effects of local anaesthetics on wound healing in rats: Bupivacaine vs Levobupivacaine

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Dear editor,

In our study entitled "The Comparative Effects of Local Anaesthetics on Wound Healing in Rats: Bupivacaine vs Levobupivacaine", which has an experimental protocol number of 11.2008.mar, we considered a possible vasoconstrictive mechanism of levobupivacaine in light of previous studies that had investigated the vasoconstrictive potency of levobupivacaine in the sciatica nerve, the aorta, and the basilar artery of rats, and in humans during tonsillectomy and nasal surgery (Bouaziz et al., 2005; Demiraran et al., 2008; Ergil et al., 2012; Shim et al., 2012; Ergil et al., 2015). All of these studies reported a vasoconstrictive activity of levobupivacaine. However, another study reported a vasodilator effect of levobupivacaine in the rat mesenteric artery and was published after the acceptance of our study (Menezes et al., 2016). Furthermore, this study was the only study reporting a vasodilator effect of levobupivacaine, while the other five studies reported the opposite effect. This suggests that more studies are needed to investigate the vasoactivity of levobupivacaine.

We are thankful to the author for recognizing the false information in Table 2. We performed the statistical analyses (Kruskal-Wallis tests) of epidermal regeneration, granulation tissue thickness and angiogenesis in nine rats in the levobupivacaine group (group L). However, while we mentioned this

Table 2. Histopathological scores of all groups			
	Group C (n=10)	Group C (n=10)	Group C (n=9)
Epidermal and dermal regeneration scores	3-2(3)	3-2(3)	3-1(2)*
Granulation tissue thickness scores	3-1(2)	3-2(2.5)	3-2(3)
Angiogenesis formation scores	4-4(4)	4-2(4)	4-4(4)
The scores are expressed as median(max-min)			

* p<0.05, compared to score groups C and B

information in the article correctly, we incorrectly stated it in Table 2 as n=10 instead of n=9. The other information in Table 2 that was incorrect according to the author was the p value. With regard to epidermal and dermal regenerations, we determined no statistically

significant differences in either the bupivacaine group (group B) or the control group (group C). However, we found a significantly lower score in group L with a p < 0.01, Therefore, we corrected Table 2 as shown below.

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