
The article is very informative, but I would like to point out some details regarding the intraosseous anesthetic technique in general, and the Quicksleeper Computer-Controlled Local Anesthetic Delivery Device, that I have been using since 2004. Concerning the “Instrumentarium for local anesthesia delivery”: Quicksleeper was introduced to the market in 1997, not in 2000, as stated in the article.

Quicksleeper is not a “type of intraosseous anesthesia technique”: it is a device allowing absolutely all known techniques of local buccal anesthesia (blocks, specially IANB, as it allows aspirating before injecting, supraperiosteal, PDL, intraseptal, intraosseous); it has been specially designed to provide easy intraosseous anesthetic techniques (transcortical or osteocentral).

There is no overheating of the gingival and cortical bony tissues because the rotation of the needle (during bone penetration) is discontinued (one second of rotation followed by one second of rest). The lack of overheating is not related to the injection speed, but to the mode of rotation of the needle [1].

As far as I know, to-date, there is no study available showing “paresthesia, damage to a vessel, and intraosseous hematoma”, after delivering an intraosseous injection with Quicksleeper. I would be more than happy if the authors could provide us with such studies.

Concerning the “intraosseous injections”: they can, as written in the article, be “used when conventional block or infiltration techniques are not effective”, as usually quoted. But they are also – and may be above all – primary anesthetic techniques for endodontics [2, 3, 4, 5, 6], extractions [7], implantology [8] general dentistry [2, 9, 10] and pedodontics [11, 12, 13, 14, 15, 16] (just to mention a relatively short selection of articles).

REFERENCES