

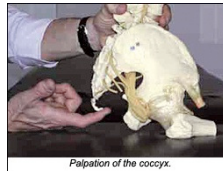
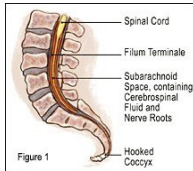


Dr. Dieguez Jr.

Please visit us at:

www.dieguezpainrelief.com

WHAT IS COCCYDYNIA? It is pain in the last section of the spinal column, called the coccyx. The coccyx is formed by three to five (usually four) rudimentary vertebrae. These are sometimes fused together. It corresponds to the tail in animals, therefore the name tailbone. In humans it represents a vestigial tail.



CAUSES. In about 1/3 to 1/2 of the cases, the cause is unknown. It is more common in females than males. Causes of pain in the tailbone area mimicking coccydynia are sciatica, infection, pilonidal cyst, etc. The most common cause of actual coccydynia is trauma either due to falls or sometimes even to childbirth. Strain of the sacro-coccygeal ligament can also sometimes be the cause. Obesity can produce strain in the sacro-coccygeal ligaments when the person sits and it causes pain in the coccyx. Sacro-coccygeal joint arthritis, tumors, and a misaligned, dislocating or rigid or long coccyx can also be the cause. Poorly designed chairs and bad posture are also important contributors.

WHAT YOU FEEL AND WHAT THE DOCTOR

LOOKS FOR: This pain syndrome is relatively common and is characterized by pain in the tailbone when sitting. Invariably sustained sitting aggravates the pain. This is particularly so when sitting on a soft surface. When sitting on a hard surface, especially if you lean forward, most of the pressure is applied to the "sit bones" (ischial tuberosity) and pressure never reaches the coccyx. However when you sit on a soft surface, your "sit bones" sink in the soft material and pressure reaches the area of the coccyx or tailbone. The pain can be described as sitting on a pebble or a sharp object. At times it hurts just before and during a bowel movement. Sexual intercourse becomes painful sometimes especially in female patients. The pain of coccydynia sometimes can be associated with lumbo-sacral pain. At times patients will refer to the sensation associated with this disorder, as a feeling that the tailbone is on fire. Compensatory posture to avoid pain when sitting can lead to low back pain or hip pain. Upon physical examination there is sensitivity to pressure on the tip of the tailbone and surrounding area. Increased muscle tension and tenderness can be present in muscles of the pelvic floor. Rectal exam may be painful specially if tension is placed on the sacro-coccygeal joint. It is important to rule out other causes of pain in the tailbone area such as infection, tumors, fistulas, ulceration, abscess, fractures, etc.

TESTING: A diagnosis of coccydynia can be made most of the time with a good history and a good physical examination. At times however, a radiological examination such as an X-rays, a CT scan or MRI may be ordered if the doctor suspects, tumor, infection, fracture, etc.

TREATMENT:

Self-care at home. Measures directed at reducing pressure on the tailbone should be employed. For example a cushion with a V-shaped cutout towards the back helps to relieve the pressure. A donut cushion may also help. Ice to the area relieve the pain. Hot sitz bath also may be soothing.



Medical therapy. Anti-inflammatory medications and analgesics can be helpful decreasing pain and inflammation. Topical anesthetics such as lidoderm patches may be of help. Physical therapy with digital manipulation of the coccygeal ligaments as well as the muscles of the pelvic floor may bring about significant relief. Ultrasounds and electrical stimulation can bring some relief also. Injection of steroids combined with a local anesthetic has been used. For hyper-mobile coccyx, a steroid and local anesthetic mixture can be injected intradiscally under fluoroscopic guidance. If traditional injections fail to provide relief, a needle can be inserted at the junction of the sacrum and coccyx and passed anteriorly to just in front of the joint (ganglion impar block) and lidocaine and steroid injected there. If it produces relief a neurolytic procedure can be carried out.

Surgical therapy. As last resort and only after careful selection of the patient. Failure of conservative therapy and no pending litigation are common criteria for surgery. Removal of the mobile segment or total coccygectomy can be performed. Infection is always feared due to the proximity of the rectum. Results are mixed.