Letter to the editor

In response to: "Cement or Calcitonin for Coccyx Fractures"

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To the Editor,

We thank to Dr. Patrick Foye for their interest in our paper 'Polymethylmetacrylate cement augmentation of the coccyx (coccygeoplasty) for fracture: A case report' (1). He has stated their concerns about our paper in their letter to the editor. We gave our answers based upon their comments.

Treatment of osteoporotic coccyx fractures by polymethylmethacrylate (PMMA) injection has been reported in the literature before and termed as coccygeoplasty (2). Coccydynia is not a rare condition, and lots of patients may benefit from PMMA or cement augmentation (i.e., coccygeoplasy).

Many conservative methods have been tried to treat the patient's pain. Our patient was first treated with non-steroidal anti-inflammatory agents, and doughnut pillows were recommended. Upon the persistence of the patient's pain in their follow-up two weeks later pericoccygeal local anaesthetics and steroid injections were administered to the patient, but did not relieve the pain was (3). Coccydynia can be placed under control by conservative methods such as physical therapy, manipulation of coccyx, and analgesic treatments (NSAIDs, acetaminophen, opioids, etc.), U wedge or doughnut-shaped coccygeal cushions. As Dr. .... stated, it is possible to treat a coccyx fracture with calcitonin (4). According to some publications calcitonin administration has been used to treat acute pain after vertebral fracture, and also may accelerate fracture healing (5). However, in some groups of coccydynia cases, which are less frequently observed in practice, conservative methods are not sufficient (about 10% of the cases). Another cause of pain in these patients is instability caused by acute-subacute fracture. Therefore, it is not surprising that coccydynia may not be relieved by calcitonin or other conservative methods, especially in cases with instability.

Interventional methods can be applied in patients whose pain does not regress with conservative methods. These methods are caudal epidural steroid injections, recurrent pericoccygeal local anesthetics and/or steroid injections, ganglionic parasympathetic nerve blocks, selective radiofrequency ablation of the coccygeal nerve procedures. Dean et al. considered that conservative methods remained insufficient in treating coccydynia mainly due to osteoporotic fractures and instability caused by it and recommended coccygeoplasty method to control pain in such cases and our case supported his idea (2). This technique can be rapidly and safely applied to a patient with

osteoporotic coccygeal fracture who has refractory pain (1,2). The advantage of the coccygeoplasty method is the fact that it is a successful and rapid method in pain control, early mobilization can be achieved, the morbidity of the patient is lesser, and the length of hospital stay is shorter.
There is still not a method that can be considered as the standard in treating coccydynia. It usually controlled by conservative measures such as physical therapy, manipulation of the coccyx, analgesic treatments, calcitonin treatment and coccygeal cushions. However, these methods may be insufficient in osteoporotic coccygeal fractures especially in instabile fracture. For the treatment of retractable pain in the treatment of acute or subacute osteoporotic coccygeal fractures coccygeoplasty is recommended as a good and easy method.
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