Coccygodynia

OVERVIEW
Coccygodynia is a medical term meaning pain in the coccyx or tailbone area. Often there is an injury or repetitive stress to the area leading to pain and inflammation. Sitting often exacerbates Coccygodynia pain. Treatment with mechanical protection usually leads to gradual improvement. Recurrence is common but with careful management, symptoms can be minimized.

BACKGROUND
The coccyx is lower end of the spine, just below the sacrum. It is sometimes called the tailbone. It usually has 3-4 segments which are fused together, but can be fibrous and mobile. The coccyx is located between the buttocks. The shape can be straight or curved. In addition to the connection to the sacrum, there are several muscle and ligament attachments. Coccygodynia is 5 times more common in women than men. It occurs in all age groups, but the peak incidence is age 40.

Coccygodynia is pain in the region of coccyx. It often starts after a fall or after a difficult childbirth. In some cases, repetitive or persistent pressure from activities like bicycling or doing sit-ups may cause pain. Coccygodynia due to these causes usually is not permanent, but it may become persistent and chronic if not controlled. Coccygodynia can appear without a specific cause. Rarely, Coccygodynia is due to the undiagnosed presence of a sacrococcygeal teratoma or other tumor in the vicinity of the coccyx. In these cases, appropriate treatment usually involves surgery and/or chemotherapy.

CLINICAL PRESENTATION AND DIAGNOSIS
Pain is usually directly over the coccyx. There may or may not be overlying skin changes. Pain is worse with pressure to the area. Patients will often be involved in an activity that puts pressure on the affected area, such as bicycling, horseback riding, and other activities such as increased sitting that put direct stress on the coccyx. The medical condition is often characterized by pain that worsens with constipation and may be relieved with bowel movement.

Radiographs are some times obtained to assess the coccyx shape or structure. Xrays both standing and sitting can be used to assess affect the mobility. A bone scan or MRI may be needed if there are concerns for infection or tumor.
**TREATMENT**

Coccygodynia usually is initially treated with noninvasive methods. Pain related to an injury will often improve with time and rest. A well-padded seat can provide relief. Patients typically are asked to avoid long periods of sitting, which can include lengthy concerts and airline flights. These treatments usually are sufficient to treat the tailbone pain. Rest also plays an important part to help avoid re-injuring the tailbone. Since sitting on the affected area may aggravate the condition, a cushion with a cutout at the back under the coccyx is recommended. Anti-inflammatory medications can also be beneficial. If there is pain with bowel movements, then stool softeners and increased fiber in the diet may be helpful. Physical therapy with soft tissue treatments such as diathermy and ultrasound may provide some relief.

If there is persistent or severe pain, pain specialists may use supplemental pain medications or injection of a local anesthetic or cortisone. Local nerve blocks also can be beneficial, especially when fluoroscopic guidance is used. For patients with recurrent, persistently troublesome tailbone pain, this type of injection can provide quick, thorough, and sometimes lasting relief and for some patients, the injection completely resolves the symptoms.

In rare cases, the surgeon can perform a coccygectomy, or removal of the tailbone. The surgery can increase the risk of a perineal hernia (weakened pelvic muscles supporting the rectum) later in life, but otherwise the surgery is considered effective and relatively low risk.

There is no definitive way to prevent Coccygodynia, but general caution while taking part in certain sports (e.g., skating, biking, and horseback riding) and careful footing in icy conditions can help minimize your risk for falling and causing tailbone pain.

**EXPECTED OUTCOMES**

Prognosis is quite good for most patients. Recurrence is common, but can be managed most of the time. Surgical treatment is option for severe or persistent cases.

**MORE INFORMATION**

Further information can be obtained on the internet. Your local public library can help you explore these sources if you are interested. Two good sites for expert and peer reviewed information are the American Academy of Orthopedic Surgeons at [www.aaos.org](http://www.aaos.org) and [www.emedicine.com](http://www.emedicine.com).

**FEEDBACK**

If you have questions or comments, please contact the office or submit them to the web site at [www.pedortho.com](http://www.pedortho.com).