

Anococcygeal Nerve Radiofrequency Ablation in Chronic Coccydynia: A Conservative Approach in a Refractory Case



Case

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Introduction

- Coccydynia common regional pain condition associated with reduced quality of life in severe and chronic cases. Women and obesity are at risk factors
- Common etiologies include external trauma, internal trauma during childbirth, chronic repetitive injury, and degenerative joint disease
- Coccyx has role in weight-bearing while seated, pelvic floor support, anus support, and voluntary bowel control. Coccygeal plexus and anococcygeal nerve course along the coccyx, placing them at risk from regional injury/inflammation. Extensive regional anatomic variability, including in quantity of fused segments forming coccyx, presence and morphology of intercoccygeal disc-like structures, and type of sacrococcygeal articulation present
- Considerable variability results in similar etiological variability, and consequently management approaches should be individualized to specific lesions and presenting symptoms
- Coccydynia frequently self-limited and responsive to conservative management using devices, analgesics, physical therapy, and ergonomic training
- Chronic cases treated with several interventional techniques, including caudal epidural steroid injections, nerve stimulators, and sympathetic ganglion impar nerve blocks. Invasive procedures include coccygectomy, coccygeoplasty, and sacrococcygeal fusion, all associated with major risks and supported by limited evidence

Objective: Evaluate the use of pericapsular thermal radiofrequency ablation of the anococcygeal and coccygeal 1 nerves in a case of chronic coccydynia.

Case Report

- 58-year-old female office worker with history of trigeminal neuralgia status post microvascular decompression presented with 6-7 years of progressively worsening coccygeal/buttock pain aggravated by prolonged sitting and lying flat
- Sharp, aching, and non-radiating pain.

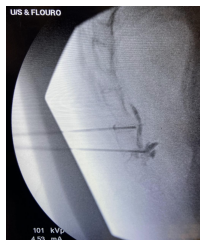


Figure 1. Radiofrequency Ablation Needle Confirmation under Fluoroscopy



Figure 2. Radiofrequency Ablation Needle Confirmation with X-ray

Case Report

- Failed conservative measures, including over-the-counter analgesics, epidural steroid injections, and multiple physical therapy sessions
- Presented from neurosurgery after seeking second opinion from spine surgeon recommending spinal fusion
- Lumbar x-ray demonstrated disc height loss between L4-L5 and L5-S1.
- Pain localized to anococcygeal nerve, and she underwent an anococcygeal nerve block with ropivacaine plus dexamethasone under fluoroscopic and ultrasound guidance. Reported 6-8 weeks of 50-80% relief.
- Subsequently underwent radiofrequency ablation of anococcygeal and coccygeal 1 nerves, with similar immediate improvement.

Conclusion

- Radiofrequency ablation offered similar immediate improvement. Further follow-up pending.
- Radiofrequency ablation of easily accessible anococcygeal and coccygeal nerves demonstrated significant immediate resolution in chronic coccydynia refractory to conservative measures and epidural steroid injections. Avoided alternatively proposed spinal fusion, lowering complication risk profile.

References

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