

Butt Wait, There's More: Ganglion Impar Block Restores Function in Refractory Traumatic Coccydynia

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Introduction

Coccydynia is a disabling pain syndrome that disproportionately affects women and can profoundly impair sitting tolerance, mobility, work, and activities of daily living. Despite significant functional limitations, patients frequently have normal imaging and limited evidence-based treatment options, making them a particularly vulnerable and often undertreated population. The ganglion impar represents a unique sympathetic target for refractory coccygeal pain. We present a case demonstrating functional improvement following fluoroscopically guided ganglion impar block after failure of management.

All patient protected health information has been de-identified. As the case report is devoid of patient identifiable information, it is exempt from IRB review requirements as per NuHealth policy.

Case Presentation

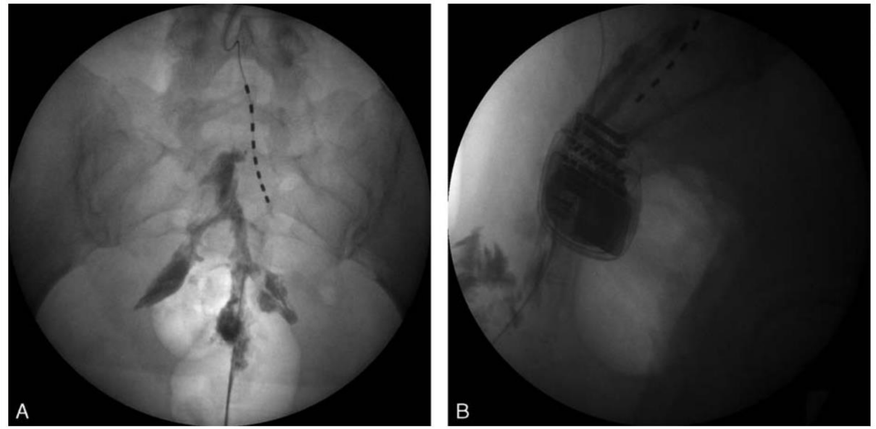
A 56F developed refractory traumatic coccydynia s/p mechanical fall onto her buttocks while attempting to catch her elderly mother-in-law during a fall. She reported constant coccygeal pain (8/10) more than 75% of the day, described as aching, toothache-like, sharp, and stabbing. Pain was exacerbated by prolonged sitting, standing, walking, bending, twisting, lifting, carrying, climbing and descending stairs, sit-to-stand, and squatting, resulting in marked impairment in ambulation and ADLs. XR L-spine showed diffuse degenerative disc disease without acute abnormality and MRI sacrum/coccyx was negative for fracture, sacroiliitis, or other structural pathology, which illustrates the diagnostic challenges frequently encountered in coccydynia.

Following unsuccessful conservative management, the patient underwent fluoroscopically guided ganglion impar block using standard sterile technique without complication.

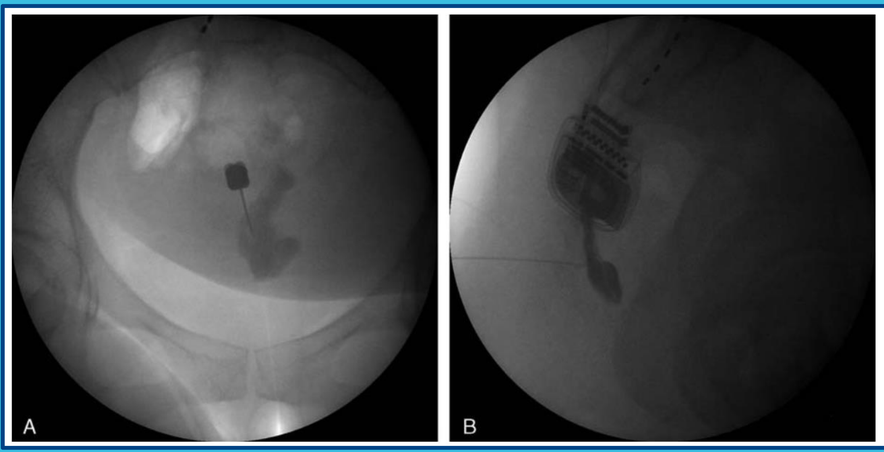
At follow-up, she reported meaningful pain reduction with improved tolerance for prolonged sitting, prolonged standing, walking, stair negotiation, sit-to-stand transfers, and squatting, resulting in independence with daily activities. No neurological deficits, bleeding, infection, or other adverse events occurred.

This favorable response demonstrated successful interruption of sympathetically mediated coccygeal pain and highlighted ganglion impar blockade as a uniquely targeted intervention providing both diagnostic confirmation and therapeutic benefit despite unremarkable structural imaging.[2,4]

Caudal Epidural Block with Contrast: The A-P (A) and Lateral View (B) [2]



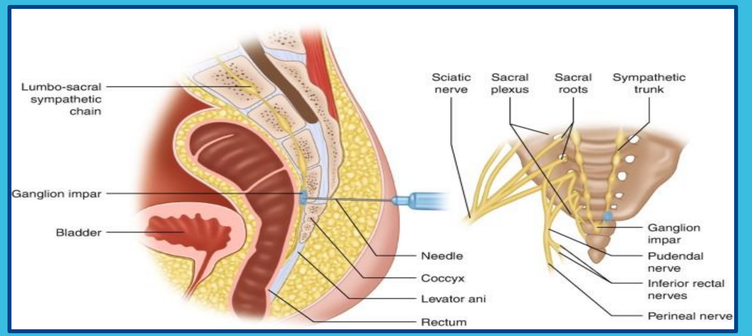
Ganglion Impar Block with Contrast: The A-P (A) and Lateral View (B) [2]



Discussion

Patients with coccydynia often experience disabling pain despite normal imaging, contributing to delayed diagnosis and prolonged functional decline. Unlike caudal epidural steroid injections or local infiltrations, ganglion impar block directly targets the terminal sympathetic ganglion mediating coccygeal nociception, addressing the sympathetic component of this mixed somatic-neuropathic-sympathetic pain syndrome.[1,2] Its combined diagnostic and therapeutic utility, favorable safety profile, and ability to serve as a platform for radiofrequency neuromodulation make it a valuable intervention for refractory coccydynia.[1,2,4]

Ganglion Impar Block Anatomy [3]



References

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4. Swain, Bhanu P., et al. "Ganglion Impar Block: A Magic Bullet to Fix Idiopathic Coccygodynia." *Cureus*, Springer Science and Business Media LLC, Jan. 2023. *Crossref*, doi:10.7759/cureus.33911.