

Short-term neuromodulation trial in the treatment of coccydynia.
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Introduction:

Coccydynia is a distressing common pain syndrome and is characterised by pain localized to the tailbone radiating into the lower sacrum and perineum. Its pain management has always presented a challenge and surgery does not offer the suitable answer¹. Following our successful experience with percutaneous peripheral neuromodulation², we describe the use of percutaneous stimulation in the treatment of three cases with this syndrome.

Case A:

A 58 yr male patient with over 10 years history of severe coccydynia. Usual combination of analgesic regime availed no benefit. Two courses of local infiltrations (total six interventions) provided him temporary pain relief lasting less than a week.

Case B:

A 46 yr old female patient complained of severe coccydynia for over 17 years, following childbirth. Despite multidisciplinary approach which included local infiltration (made the pain worse), medication which she currently finds amitriptylline and mefenamic acid of some benefit and cognitive behaviour strategies, the pain greatly affected her quality of life.

Case C:

A 71 yr old male complained of coccydynia for last 7 yrs but worse in last 6 months. Local infiltrations, TENS, Lignocaine patches and antineuropathic agents provide no relief, while morphine provided some relief.

Methods:

A short neuromodulation trial developed at our Centre was applied percutaneously to the coccyx resulting in almost complete pain relief, in all 3 cases. Following the successful trial, case A & B were implanted with subcutaneous temporary single electrode stimulating catheter (Pajunk) inserted percutaneously over the coccyx, targeted to the painful area, under stimulation and fluoroscopy control. Catheter was tunnelled and connected to an external simple stimulating unit (Pajunk) with 2Hz and amplitude between 2 and 5 mA.

Results:

In Case A, initially trial was intended for one-week duration, but as there were no signs of infection, it was extended for further ten weeks. Patient is using the stimulation for 20 minutes per day, which is providing him with good pain control 1-2 on VAS. Case B too had excellent pain relief for the 2 week stimulation period while Case C following 5minute stimulation had 70% pain relief which lasted 2 weeks. All 3 patients are currently awaiting permanent implant via the same approach.

Discussion:

The implantation of the trial peripheral electrode over the posterior part of coccyx is a simple procedure and as is shown in our case it is very effective in providing the patient with good pain control. As has been documented in our previous reports, the slow frequency is most probably optimal stimulation pattern.

Conclusion:

The external, directly targeted neuromodulation can offer an interesting and simpler alternative to sacral roots stimulation via epidural space, which has been recently advocated. Further studies are needed to establish the role of neuromodulation techniques in a treatment of coccydynia.

References:

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