

## Response to Letter to the Editor by Josef Finsterer, MD, PhD: “The More Intensive the Diagnostic Workup, the More Likely It Is That the Cause of Coccygodynia Can Be Clarified”

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**Received/Accepted:** 10 February 2024

**Key Words:** Coccygodynia ■ Coccygeal Disc Disease ■ Perianal numbness.

Dear Editor-in-Chief

We have read the letter to the editor from J. Finsterer (1) with great interest. We are grateful for his insightful comments. In our case (2), we initially and importantly highlighted that the main causes of pain in the coccygeal region remain unclear.

We agree with the importance of various alternative conditions that might lead to coccygodynia. Concerning the first limitation mentioned, we have already expressed that the specific pathophysiological mechanisms related to coccygodynia are still vague. Moreover, this situation may be related to a plethora of possible causes or disorders. Apart from this, we noted that the pain may be related to lumbar spine degeneration (3, 4), but in our patient the symptoms were not associated directly with the lumbar region, since mild tenderness was localized at the sacrococcygeal joint. Concerning the beneficial role of physiotherapy in such conditions, the literature has recorded a wide variety of treatment options for coccygodynia management (5). Additionally, in the limitation section, we already noted that our patient was

unable to complete the MRI scan due to discomfort, and only sagittal views were available. The third limitation referred to the perianal numbness. This symptom might arise from the irritation of the coccygeal plexus or its branches, which supply the coccyx, the sacrococcygeal joint, and the skin over the coccyx. Furthermore, no cerebrospinal fluid examination was performed in our patient. Concerning the fifth limitation, in the discussion section, we pointed out that the pathophysiological pathway of coccygodynia remains complex and multifactorial. Also, the appropriate diagnosis of this condition is clinical, relying primarily on history and physical examination, and it should be investigated thoroughly. Under these circumstances numerous of specialists could be implicated.

Finally, the sixth limitation, regarding specific imaging studies, was already discussed in the limitation section, and we indicated that no static or dynamic lateral films, provocative discography or dynamic MRI were performed.

We thank Dr. Finsterer for his valuable and insightful comments, adding his significant experience in this manuscript.

## References

1. Finsterer J. The More Intensive the Diagnostic Workup, the More Likely It Is That the Cause of Coccygodynia Can Be Clarified. *Acta Medica Academica* 2023;52(3):236-7. doi: 10.5644/ama2006-124.429.
2. Galanakos SP, Karakousis ND, Bablekos G, Fontara S. Coccygeal Disc Disease as a Possible Cause of Coccygodynia. *Acta Med Acad.* 2023 Aug 1. doi: 10.5644/ama2006-124.418. Epub ahead of print.
3. Fogel GR, Cunningham PY 3rd, Esses SI. Coccygodynia: evaluation and management. *J Am Acad Orthop Surg.* 2004;12(1):49-54. doi: 10.5435/00124635-200401000-00007.
4. Wray CC, Easom S, Hoskinson J. Coccydynia. Aetiology and treatment. *J Bone Joint Surg Br.* 1991;73(2):335-8. doi: 10.1302/0301-620X.73B2.2005168.
5. Garg B, Ahuja K. Coccydynia-A comprehensive review on etiology, radiological features and management options. *J Clin Orthop Trauma.* 2021 Jan;12(1):123-9. doi: 10.1016/j.jcot.2020.09.025.