

Letter to the Editor



Steroids further improve ganglion impar blocks for coccyx pain (tailbone pain)

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LETTER TO THE EDITOR

We praise your journal and authors, Sencan et al. [1], on the excellent research publication titled, “Are steroids required in the treatment of ganglion impar blockade in chronic coccydynia? A prospective double-blinded clinical trial.”

At our University-based Coccyx Pain Center, we have authored many publications on ganglion impar injections for coccydynia (coccyx pain, tailbone pain) [2-5]. Therefore, we speak from experience when we very gratefully compliment Sencan et al. on having published one of the most rigorously scientific approaches to this topic, as they did a prospective, randomized, double-blind study.

Their article correctly notes that for ganglion impar blocks, “Local anesthetics or a corticosteroid in addition to local anesthetics are used for the purpose of the blockade” [1]. The study compared blocks done only with local anesthetic versus those with steroids plus local anesthetic.

Our one point of constructive input is that the article’s title and the concluding sentence in the abstract may mislead those who do not read the full article. Specifically, the

abstract states, “Conclusions: Ganglion impar blockade decreases pain in the treatment of chronic coccydynia and improves depression. Addition of steroids in a ganglion impar blockade is required for treatment response that should accumulate over a long period of time.”

However, when we look at the actual data presented in **Table 3**, we can see that even in the group that received only local anesthetic (without steroids), patients improved in every single parameter measured (after injection, patients had improved pain scores when measured after one hour, after one month, and after three months, and they had improved depression scores after one month and three months) with all improvements showing *P* values of < 0.05. Thus, the steroids are not “required” or necessary for these injections to give significant improvements in pain and depression. This is clinically helpful to know, since there are occasionally coccydynia patients for whom steroids are contraindicated (e.g., in poorly controlled diabetics), and for whom it thus makes sense to provide a local anesthetic block without steroids.

Admittedly, the magnitude of the improvements were even better in those who received steroids in addition to

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the local anesthetics. Thus, we believe it would be most accurate to summarize as follows: "For patients with coccydynia, ganglion impar local anesthetic blocks provide proven relief in both pain and depression. Injecting corticosteroids in addition to the local anesthetic provides even more substantial relief in both pain and depression."

We hope that our comments will prompt further discussion on Sencan's wonderful research article.

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

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Author's reply

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DEAR EDITOR

We would like to thank the authors for their interest in and constructive input for our article, "Are steroids required in the treatment of ganglion impar blockade in chronic coccydynia? A prospective double-blinded clinical trial" [1]. We appreciate the point raised by the authors that the

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REFERENCES

1. Sencan S, Edipoglu IS, Ulku Demir FG, Yolcu G, Gunduz OH. Are steroids required in the treatment of ganglion impar blockade in chronic coccydynia? A prospective double-blinded clinical trial. *Korean J Pain* 2019; 32: 301-6.
2. Foye PM. Ganglion impar injection techniques for coccydynia (coccyx pain) and pelvic pain. *Anesthesiology* 2007; 106: 1062-3.
3. Foye PM. New approaches to ganglion impar blocks via coccygeal joints. *Reg Anesth Pain Med* 2007; 32: 269.
4. Foye PM. Ganglion impar blocks for chronic pelvic and coccyx pain. *Pain Physician* 2007; 10: 780-1.
5. Foye PM, Patel SI. Paracoccygeal corkscrew approach to ganglion impar injections for tailbone pain. *Pain Pract* 2009; 9: 317-21.

reference in the abstract section to the steroids being 'required' may be misleading and it may be helpful to clarify that section to reflect our findings in respect of the use of local anesthetic with steroid (*i.e.*, group SL) in comparison to the use of local anesthetics without steroid (*i.e.*, group L). As the authors rightfully pointed out, it is correct that during the follow-up periods, in addition to group

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