Case report

Coccygeal retroversion: a case report

Masahiko KANAMORI Taketoshi YASUDA, Shigeharu NOGAMI, Kayo SUZUKI
Department of Orthopaedic Surgery, Toyama Medical and Pharmaceutical University, Toyama, Japan

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Introduction
A retroverted coccyx with instability is rare. Symptomatic retroverted coccygodynia may not respond to traditional conservative management. We describe here a case of a retroverted coccyx with instability following successful surgical treatment.

Case Report
A 40-year-old man complained of a continuing dull pain of the tip of the coccyx. He had been treated for his coccygodynia with conservative measures for 10 months, such as using nonsteroidal anti-inflammatory medication, physiotherapy and steroid injections. He had a past history of alcoholic liver disease, but had no trauma. Clinical examination showed no pilonidal sinus. A posteriorly projecting tip of the coccyx was noted in a plain radiograph and a magnetic resonance image (MRI) (Fig. 1). The patient agreed to partial coccygectomy. In the operation, we found the retroverted tip of the coccyx had projected upwards like a rhino horn, and also instability of the distal part of the coccyx (Fig. 2). After he resected the tip of the coccyx (Fig. 3), he was able to resume normal activities. Histologically, the intertrabecular marrow spaces were occupied by abundant mature adipose tissue.

Discussion
Coccygodynia has been viewed as a suspicious symptom in the past. Bremer in 1896 believed the patients to be neurotic or anxious. Historically, grave doubt was cast on the usefulness of surgical interventions for this condition. Non-surgical treatments have included anti-inflammatory medication, doughnut cushions, postural advice, manipulation under anesthesia, and local steroid injections. Postacchini and Massobrio suggested from analysis of 120 asymptomatic cases and 51 surgical cases that morphology of the coccyx might have a role in the etiology of idiopathic coccygodynia. However, a

Fig. 1 MRI showing the coccygeal retroversion.
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Fig. 2 Tip of the coccyx retroverted like a rhino horn found in the operation.

Fig. 3 The resected tip of the coccyx.

retroverted coccyx did not show in their cases. Good results of surgical intervention for a coccyx with instability⁴. Surgery can offer reasonable results for patients failing conservative treatment, but they should be warned of a high rate of infection⁵. Recently, Dennell and Nathan⁶ reported a case of coccygeal retroversion as a rare case report similar to our patient who had a retroverted tip of the coccyx projecting upwards like a rhino horn. Coccygectomy is still a controversial operation, and its criteria for selection are ill-defined. We recommend surgical intervention for the retroverted type of coccyx with instability instead of a prolonged period of conservative treatment.

References