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Phantom Pain from Coccygectomy Treated with Chemical Neurolysis

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Case/Program Description: A 52-year-old woman presents with long-standing history of coccydynia which was treated with conservative measures followed by injections which all provided minimal relief. Patient underwent coccygectomy to address the chronic coccyx related pain which provided transient pain relief. We present a case of phantom pain in the area of the once removed coccyx which was successfully treated with chemical neurolysis. Phantom pain is the sensation of residual body part, in this case the coccyx. Our patient complained of localized pain with palpation of the site of surgically removed coccyx with similar referral pattern compared to its initial presentation. Our hypothesis for this pain may be attributed to disruption of the ganglion impar or residual nerve endings from the ganglion impar.

Setting: Moffitt Cancer Center.

Results: We proceeded with a diagnostic ganglion impar block which provided greater than 75% pain relief. Instead of a classic ganglion impar neurolysis, we approached from the inferior pole of the sacrum to the proposed ganglion impar location and after confirmation of the location, we injected 1cc of alcohol. We then contacted the distal end of the sacrum and injected 0.5cc of alcohol for chemical neurolysis of any residual nerve endings that may have been disrupted from the coccygectomy.

Discussion: The ganglion impar is the terminal unpaired ganglion of the paravertebral sympathetic nervous system. Its location is proposed to be anterior to the sacrococcygeal junction or the first coccygeal vertebra. During a coccygectomy, there is a risk of disrupting these sympathetic nerve fibers. We hypothesized that the initial transient relief may lead to a phantom pain sensation as the cause for the pain or from disruption of the nerve fibers of the ganglion impar.

Conclusions: This modality of treatment can be utilized to treat this rare pain which may be neuropathic or nociceptive in nature. Chemical neurolysis provided long standing pain relief.

Level of Evidence: Level V