Letter to the Editor
Dextrose prolotherapy for recalcitrant coccygodynia

To the Editor:
I read with interest the article by Khan et al.1 The authors reported injecting 8 ml of 25% dextrose and 2 ml of 1% lignocaine (lidocaine) over the most tender spot of the coccyx, using an image intensifier to locate the sacrococcygeal joint. Further clarification of the technique would be greatly appreciated. Was the injection done consistently at the most tender site and/or directly into the sacrococcygeal joint? Were the visual analogue scores for pain obtained immediately after injection (perhaps representing transient local anaesthetic block) or long after the local anaesthetic effect had worn off? Local anaesthetic blocks in the coccyx region have been reported to provide relief that outlasts the pharmacologically expected duration of the local anaesthetics.2,3 The authors stated that prolotherapy (proliferative therapy) induces inflammation and subsequent formation of a stable scar in the ligaments and soft tissues. Thus, it seems possible that prolotherapy may be most helpful for patients with subluxation, dislocation or hypermobility at the sacrococcygeal joint or intracoccygeal joints, as are often caused by childbirth, falls, or other trauma. Will prolotherapy help stabilise injured joints/ligaments in such patients?

PM Foye
Coccyx Pain Service
University of Medicine and Dentistry of New Jersey
New Jersey Medical School
Newark, New Jersey, USA

REFERENCES

Authors’ reply:
We always inject the solution in the most tender area of the coccyx under an image intensifier. The visual analogue scores for pain were obtained after the anaesthetic effect of lidocaine had worn off. The principles of prolotherapy can be applied to treating coccygeal pain of traumatic origin (with a subluxed/dislocated coccyx), but large studies with good long-term follow-up are required to establish this as the treatment of choice.

SA Khan
Department of Orthopaedics
All India Institute of Medical Sciences
Ansari Nagar, New Delhi, India