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Letter to Editor

Pulsed Radiofrequency and Coccygodynia

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To the Editor:

We have read with interest the article 'Treatment Principles for Coccygodynia' by Dalbayrak and colleagues in which treatment methods and outcomes were discussed for coccygodynia cases that did not benefit from conservative treatment (3).

We congratulate Dalbayrak and colleagues (3) as their article contributes to pain treatment. The treatment of coccygodynia may be difficult and we therefore want to share our experience with pulsed radiofrequency (PRF).

Patijn and colleagues (4) described radiofrequency, prolotherapy, rhizotomy and local anesthetic and/or steroid injections to the caudal and sacral roots, radiofrequency to ganglion impar, and coccygectomy as interventional techniques.

In our clinical experience, we usually prefer PRF before surgical treatment as it is a non- or minimally neurodestructive and less painful technique that serves as an alternative method to surgical treatment. In this technique, tissue temperatures do not exceed 38-42 °C. Although the efficacy of PRF has been clinically documented, its mechanism of action is not fully understood. A popular theory is that the rapidly changing electric fields produced by PRF alter the transmission of pain

signals via a pathway involving c-Fos, which indicates the inhibition of excitatory C fibers and long-term depression. It has also been suggested to alter gene expression in neurons by means of neuromodulation. Another popular theory is the stimulation of the serotonergic and noradrenergic system and induction of descending pathways. In our clinical practice, we introduce the RF cannula between the S3-S4 foramina as has been previously described. We use this method for the treatment of coccygodynia and chronic orchialgia in our pain clinic and long-term follow-up results are satisfactory (1,2).

We believe that it would be appropriate if the authors address this issue.

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