To the Editor,

We praise your journal and the authors Akar et al. (1) for the wonderful case report titled “Polymethylmethacrylate Cement Augmentation of the Coccyx (Coccygeoplasty) for Fracture: A Case Report.” The article and images demonstrate excellent percutaneous placement of cement to effectively treat persistent pain caused by osteoporotic sacrococcygeal fracture.

Before the procedure, their patient had failed to get adequate relief despite trying nonsteroidal anti-inflammatory medications, pillows, and pericoccygeal injection of local anesthetic agents and steroids.

We humbly call the authors’ attention to one additional conservative treatment option for coccygeal fracture: intranasal calcitonin. Multiple previous publications have reported the successful use of salmon calcitonin to treat vertebral fracture pain, (2, 3) including 1 case series of 8 patients whose vertebral fractures were specifically at the coccyx (4).

We suggest that intranasal calcitonin is a good alternative for those patients with coccygeal fracture who do not have access to clinicians like in Akar’s group who have the expertise to provide percutaneous cement injections or those patients who are looking for a less invasive treatment option. We would greatly appreciate hearing the authors’ thoughts on this treatment option.

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