To the Editor:

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

Prior to the procedure, their patient had failed to get adequate relief despite trying non-steroidal anti-inflammatory medications, pillows, and pericoccygeal injection of local anesthetics and steroids.

We humbly call the authors’ attention to one additional conservative treatment option for coccygeal fracture: intranasal calcitonin. Multiple prior publications have reported successful use of salmon calcitonin to treat vertebral fracture pain, (2, 3) including one case series of eight 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 Akar’s group who have the expertise to provide via 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.

Keywords: Coccyx; pain; coccydynia; fracture; calcitonin; cement

REFERENCES
