

Acute sacrococcygeal dislocation (anterior type): A case report

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Abstract

Sacrococcygeal dislocation is a rare injury. A twenty-nine year old male presented to us with pain over the lowest part of spine of 5 days duration. He fell down on stairs with his buttock landing directly over the edge of the stairs. On examination, a step was felt in the continuity of sacrum and coccyx. The tip of the coccyx was not palpable. Per rectal examination revealed a small bump on running the finger along the sacrococcygeal curvature. On plain radiographs of sacro-coccygeal region, lateral view revealed anterior dislocation of the coccyx over the sacrum. On antero-posterior view, the injury could not be identified. Under general anaesthesia, an attempt to reduce the dislocation per rectally was tried, but failed. The patient was treated conservatively with analgesics. He refused surgery, as he was relieved of pain with analgesics.

Key Words: - Sacrococcygeal dislocation, coccydynia, conservative treatment.

Introduction

Acute anterior dislocation of the sacro-coccygeal joint is a rare injury found in humans, although it is quite common in pets like dogs and cats. Thus, we are reporting this rare case that we encountered recently.

Case Report

A twenty-nine years old male patient presented in our outpatient department with complains of pain over the tail bone of 5 days duration. He gave a history of fall from stairs on the tail bone over the edge of the step directly, following which he experienced a sharp pain over the lowest part of the spine. He could walk immediately after the injury. There was no radiation of the pain to the leg. He visited a local doctor and received treatment with analgesics. He was partially relieved of pain. He came to our outpatient department for the incompletely relieved pain. On systemic examination, his general conditions were normal. On local examination, there was no swelling or tenderness over the sacro-coccygeal area. The tip of the coccyx was not palpable. There was a step felt over the region due to the shift of the coccyx forward. Per rectal examination revealed a bump was palpable on running the finger along the sacro-coccygeal curvature. Plain radiographs of sacro-coccygeal regions were taken. Antero-posterior view (Fig. 2) did not reveal the injury, whereas on the lateral view, the coccyx was seen to be displaced in front of the sacrum (Fig.1 a and b). The patient was asked to continue the analgesics and explained about the modalities of treatment including conservative, manipulation under anaesthesia and operative treatment. An attempt to reduce the coccyx into

position per rectally under general anaesthesia was attempted, but failed. The patient refused surgery. He became asymptomatic after few days of conservative treatment with hot packs, use of two inches soft cushion and analgesic for few days. He had no complains on follow up after 8 months of treatment.

Fig. 1a Plain radiograph; sacrococcygeal region showing anterior dislocation of coccyx over sacrum



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Fig. 1b Highlighted film of fig. 1a showing anteriorly displaced coccyx



Fig. 2 Plain radiograph, antero-posterior view; the dislocation is not identified



Discussion

Acute traumatic anterior dislocation of the sacro-coccygeal joint is a rare entity in human beings. We have not been able to find any other report than that of Bergkamp et al¹ in English literature regarding this problem. However, Bergkamp treated his patient by open reduction and suturing the coccyx to sacrum. As we have successfully treated our patient conservatively, we want to report this rare case.

A patient with sacro-coccygeal dislocation with coccyx pushed anteriorly can present with coccydynia and is due to the result of direct trauma. This injury is undoubtedly more common in cats and dogs as they are sometimes hit on the tail region directly by humans.

Treatment modalities options extend from conservative to open reduction to coccygectomy. Our patient consented for a trail of closed manipulation under anaesthesia failing which he refused surgery, because he did not have much discomfort and the pain was lessened with analgesics. Although, coccygectomy² has been advocated for coccydynia, we feel that open reduction and internal fixation with K-wire may be tried with the provision of implant removal after few weeks.

References

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Legends: -

- Fig 1a. Plain radiograph; lateral view: sacrococcygeal region showing anterior dislocation of coccyx over sacrum.
- Fig 1 b. Highlighted film of Fig 1a showing anteriorly displaced coccyx.
- Fig 2. Plain radiograph; antero-posterior view: the dislocation is not identified.

ACUTE SACROCOCCYGEAL DISLOCATION; ANTERIOR TYPE: A CASE REPORT

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