

Letter to the Editor

RE:GANGLIONIMPARALCOHOLABLATIONFORNONMALIGNANTCOCCYXPAIN

TO THE EDITOR:

We commend your journal and authors Yousef and Monroe on the very educational and interesting article titled: "A Medically Challenging Case of Ganglion Impar Neurolysis in a Patient with Significant Medical Comorbidities, Coccydynia, and Severe Disability" (1). This article is of substantial clinical importance, especially regarding the usefulness of ganglion impar, (ganglion of Walther), chemical ablation for non-malignant coccyx pain. There are a few additional points that warrant clarification.

Firstly, we ask if the authors could please specify the concentration of ethyl alcohol that was injected. This will allow readers to calculate the effective concentration. For instance, the 4 mL of alcohol was mixed with 4 mL of 1% Lidocaine; so, if it was 4 mL of dehydrated, nearly 100% alcohol, then the effective alcohol concentration would have been 50%.

Secondly, although the paper states that they injected "denatured" alcohol, can we please offer the authors the opportunity to clarify that they presumably meant dehydrated—rather than denatured—which would be for industrial use?

Thirdly, we agree with the authors that adding corticosteroid to the initial, nonablation injection can help treat underlying inflammatory processes and prolong the relief obtained by the anesthetic block.

Lastly, I greatly appreciate the acknowledgment that the ganglion impar injections were performed using "the Foye technique." Still, I would clarify that the ganglion impar injection techniques, which I was first to publish were trans-discal approaches between coccygeal bones 1 and 2 (2), or between coccygeal

bones 2 and 3 (3), as well as a para-coccygeal corkscrew approach (4). Yousef and Monroe report that they used an approach via the sacrococcygeal joint (SCJ), and in the spirit of acknowledgment we should point out that the SCJ approach was first published by Wemm and Saberski (5).

Thank you again to your journal for publishing this interesting and important article. We hope that our comments will provide additional insights into this topic.

Patrick M. Foye, MD
Professor, Physical Medicine and Rehabilitation,
Director, Coccyx Pain Center,
Rutgers New Jersey Medical School
90 Bergen St, D.O.C. Suite 3100
Newark, NJ, 07103-2425
E-mail: doctor.foye@gmail.com

Gerard J. D'Onofrio, BS, MBA
Department of Physical Medicine and Rehabilitation,
Rutgers New Jersey Medical School
90 Bergen St, D.O.C. Suite 3100
Newark, NJ, 07103-2425
E-mail: gerard.donofrio27@gmail.com

REFERENCES

1. Yousef K, Monroe B. A medically challenging case of ganglion impar neurolysis in a patient with significant medical comorbidities, coccydynia, and severe disability. *IPM Reports* 2018; 2:41-43.
2. Foye PM, Buttaci CJ, Stitik TP, Yonclas PP. Successful injection for coccyx pain. *Am J Phys Med Rehabil* 2006; 85:783-784.
3. Foye PM. New approaches to ganglion impar blocks via coccygeal joints. *Reg Anesth Pain Med* 2007; 32:269.
4. Foye PM, Patel SI. Paracoccygeal corkscrew approach to ganglion impar injections for tailbone pain. *Pain Pract* 2009; 9:317-321.
5. Wemm K Jr, Saberski L. Modified approach to block the ganglion impar (ganglion of Walther). *Reg Anesth* 1995; 20:544-545.