



TÜRK ALGOLOJİ
AĞRI DERNEĞİ

ISTANBUL COCCYX SYMPOSIUM 2026

5th International Symposium
on Coccyx Disorders

July 4-5, 2026

Marmara University School of Medicine,
Istanbul, Türkiye

*New Approaches to Diagnosis
and Treatment, with Workshops
by Experts on the Topic*

SYMPOSIUM CO-CHAIRS

Jean-Yves Maigne

Levon Doursounian

Hakan Gündüz

Elif Gürkan



www.istanbul-coccyx.com

ABSTRACT BOOK



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ADET DERNEĞİ

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Dear Colleagues,

We are pleased to invite you to the International Coccyx Symposium, which will be held on July 4–5, 2026, at the Conference Hall of Marmara University School of Medicine in Istanbul.

Coccydynia remains a challenging and often misunderstood condition, with treatment approaches that are frequently considered unsatisfactory by both patients and physicians. As scientific research in this field continues to grow, the need for international exchange and discussion has become increasingly clear.

Following the success of the first meeting in Paris, we are delighted to bring this important symposium to Istanbul. Distinguished experts will share their latest work in history, anatomy, comparative anatomy, pathophysiology, clinical practice, imaging, and therapeutic strategies. The program includes dedicated sessions for discussion and experience sharing—an invaluable opportunity in such a specialized field.

We are offering you a great opportunity to update your knowledge on coccyx disorders in Istanbul.

For detailed information, please visit: www.istanbul-coccyx.com

We look forward to your participation and to welcoming you to Istanbul in July 2026.

Best Regards,

Jean-Yves Maigne

Hakan Gündüz

Levon Doursounian

Elif Gürkan

INVITATION

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COMMITTEES

Symposium Co-Chairs*

Levon Doursounian, France
Hakan Gündüz, Türkiye
Elif Gürkan, Türkiye
Jean-Yves Maigne, France

Organizing Committee*

Levon Doursounian, France
Tuncay Duruöz, Türkiye
Hakan Gündüz, Türkiye
Elif Gürkan, Türkiye
Serdar Kokar, Türkiye
Jean-Yves Maigne, France
Ümit Şehirli, Türkiye
Savaş Şencan, Türkiye

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Tuncay Duruöz, *Türkiye*
İpek Edipoğlu, *UK*
İbrahim Halil Erdem, *Türkiye*
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Yahya Güvenç, *Türkiye*

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Rainer Günter Knobloch, *Norway*
Serdar Kokar, *Türkiye*
Banu Kuran, *Türkiye*
Marc Leveque, *France*
Jean-Yves Maigne, *France*
Jon Miles, *UK*
Massimo Mongardini, *Italy*
Çağatay Öztürk, *Türkiye*
Rekib Saçaklıdır, *Türkiye*

Ralph Schernberger, *Germany*
Ender Sir, *Türkiye*
Tülay Şahin, *Türkiye*
Canan Şanal, *Türkiye*
Ümit Şehirli, *Türkiye*
Savaş Şencan, *Türkiye*
Rana Terlemez, *Türkiye*
Reinhard Thoma, *Germany*
Bora Uzuner, *Türkiye*
Sytke Lohof Venema, *The Netherlands*
Roel Wilbers, *The Netherlands*
Ümit Yalçın, *Türkiye*

* The names are listed in alphabetical order by surname.

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SCIENTIFIC PROGRAM



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July 4, Saturday

	Main Hall
08:00-08:30	Registration
08:30-08:50	Opening Piano Recital Yashar Aminzadeh
08:50-09:00	Opening Remarks Ümit Şehirli - <i>Dean, Marmara University Medical School</i> Alper Kepez - <i>Chief Physician, Marmara Pendik Education and Research Hospital</i> Hakan Gündüz - <i>Co-chair</i> Elif Gürkan - <i>Co-chair</i> Jean-Yves Maigne - <i>Co-chair</i> Levon Doursounian - <i>Co-chair</i>
09:00-09:45	Special Lecture Basic Knowledge in Coccydynia Moderator: Elif Gürkan The Modern Approach to Coccydynia Jean-Yves Maigne
09:45-10:30	Session 1 - Anatomy of the Coccyx Moderators: Hakan Gündüz, İbrahim Halil Erdem
09:45-10:00	Coccyx Anatomy and Its Importance for Diagnosing and Treating Tailbone Pain Patrick Foye
10:00-10:15	The Coccyx Incidence. A Forgotten but Useful Angle Jean-Yves Maigne
10:15-10:30	Differential Diagnosis of Coccygodynia: A Practical Clinical Approach İpek Edipoğlu
	Discussion
10:30-11:00	Coffee Break
11:00-13:00	Session 2 - Conservative and Interventional Therapy Injections and Alternative Techniques Moderators: Jean-Yves Maigne, Belgin Erhan
11:00-11:15	Diagnosis Coccygodynia: From Diagnosis to Therapy: Current Evidence and Clinical Approaches Reinhard Thoma
11:15-11:30	The Role of Pelvic and Spinal Alignment in the Development of Coccygeal Pain Aslınur Keleş Ercişli
11:30-11:45	Conservative Approach Overview About Different Injections Techniques and Results Rainer Günter Knobloch
11:45-12:00	Discussion

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July 4, Saturday

	Main Hall	
12:00-12:15	Minimally Invasive Injections for Coccyx Pain: Steroids, Ganglion Impar and Beyond Patrick Foye	
12:15-12:30	Results of CT Guided Injections Elif Gürkan	
12:30-12:45	Interventional Procedures and Results in Our Patients With Coccygodynia Hakan Gündüz, Savaş Şencan	
12:45-13:00	Discussion	
13:00-14:00	Lunch	Coccyx Sculpture Workshop Filiz Bozan, Hidayet Arslan
14:00-15:00	Session 3- Coccydynia and Spondyloarthritis Moderator: Tuncay Duruöz	
14:00-14:15	Coccydynia in Patients with Axial Spondyloarthritis: Reflection of Enthesitis? Rana Terlemez	
14:15-14:30	Coccydynia in Patients with Spondyloarthritis: Always Rigid Coccyges Jean-Yves Maigne	
14:30-14:45	Predictive Factors Affecting Treatment Success in Ganglion Impar Block Applied in Chronic Coccygodynia Ender Sir	
14:45-15:00	Discussion	
15:00-16:00	Session 4- Physiotherapy for Coccydynia Moderators: Patrick Foye, Sytske Lohof-Venema	
15:00-15:15	Hypomobility as the Most Important Cause of Coccydynia and Coccygeal Instability? The Effects of Manual Mobilizations Roel Wilbers	
15:15-15:30	Rectal and/or Vaginal Therapeutic Mobilization of the Coccyx. Comparative Study on 30 Patients Elif Gürkan	
15:30-15:45	Physical Conservative Treatment of Coccydynia Sytske Lohof-Venema	
15:45-16:00	Discussion	
16:00-16:30	Coffee Break	Coccyx Painting Workshop Berna Seraj
16:30-17:30	Session 5- Public and Medical Beliefs in Coccydynia Moderator: Banu Kuran	
16:30-16:45	Do we Utilize Cognitive Behavioral Therapy for our Patients with Coccydynia? Sibel Demir	
16:30-16:45	Public and Professional Attitudes to Coccydynia Jon Miles	
16:45-17:00	Public Education for People with Coccydynia: Transforming Tailbone Pain into Empowerment Patrick Foye	
17:15-17:30	Discussion	

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* July 5, Sunday

Time	Hall A	Time	Hall B
08:00-09:00	Oral Presentations Session 1 Moderators: Ümit Yalçın, Serdar Kokar	08:00-09:00	Oral Presentations Session 2 Moderators: Savaş Şencan, Tülay Şahin
	OP-1 - Artificial intelligence-generated responses to frequently asked questions on coccydynia: evaluating the accuracy and consistency of GPT-4o's performance Berkay Erbağcı		OP-7 - Catheter-assisted paramedian versus conventional midline cervical interlaminar epidural injection for cervical radicular pain: Preliminary results of a retrospective comparative study Atak Karabacak
	OP-2 - Demographic and clinical characteristics of patients with coccygeal fracture presenting to the emergency department: A seven-year retrospective analysis Alp İnanıcı		OP-8 - Can magnetic chair-based electromagnetic field therapy offer a solution for pain management in patients with coccydynia? A randomized sham-controlled trial Ayşe Başak Yalçın
	OP-3 - Does body composition shape coccydynia? Beyond body mass index (BMI): Adiposity distribution and clinical outcomes - A pilot study Aslınur Keleş Ercişli		OP-9 - Mode of delivery decision in a pregnant woman with coccyx dysfunction following previous vaginal delivery: A case report Cennet Nur Baş
	OP-4 - Comparison of mesotherapy and conventional treatment in patients with coccygodynia: A pilot study Duygu Yanıktaş		OP-10 - Evaluating the quality and reliability of youtube videos on coccydynia Ebru Kübra Taşpolat
	OP-5 - Impact of metabolic syndrome on the durability of pain relief after lumbar transforaminal epidural steroid injection: A prospective cohort study Merve Sekizkardeş Tütüncü		OP-11 - Does the presence of trauma affect the success of ganglion impar block in patients with chronic coccydynia? Mustafa Hacıömeroğlu
	OP-6 - Validity and psychometric characteristics of the turkish version of the paris coccyx questionnaire (PCQ) Aslınur Keleş Ercişli		OP-12 - Fluoroscopy-guided ganglion impar block for refractory coccygodynia in children and adolescents: A case series Gamze Gül Güleç
			OP-13 - The impact of needle entry angle on procedure duration and radiation dose in fluoroscopically guided caudal epidural injection Hatice Kaplan

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July 5, Sunday

Time	Hall A
09:00-11:00	Session 6-Surgical Technique Moderators: Levon Doursounian, Yahya Güvenç
09:00-09:15	A History of Coccygectomy Levon Doursounian
09:15-09:30	Coccygectomy in the Surgical Treatment of Traumatic Coccygodynia Çağatay Öztürk
09:30-09:45	Impar Ganglion Thermocoagulation During Surgical Coccygectomy: Technique and Complications Frederic Jacquot
09:45-10:00	Discussion
10:00-10:15	Coccygectomy - Pearls and Pitfalls Ralph Schernberger
10:15-10:30	The Tailbone Paradox: Why a 'Double-Team' Strike may be the Only Answer for the Forgotten Bone - Two Worlds, One Goal: A Coloproctological & Microneurosurgical Symphony for Refractory Coccydynia Massimo Mongardini
10:30-10:45	Algometra®: A Digital Tool for the Assessment and Follow-up of Coccydynia after Injection or Coccygectomy Marc Leveque
10:45-11:00	Discussion
11:00-11:30	Coffee Break
11:30-12:45	Session 7- Indications for Surgery Moderator: Rainer Günter Knobloch
11:30-11:45	Implementation of a Tailbone Screening Tool Achim Benditz
11:45-12:00	Surgery for Refractory Coccygodynia - Myths and Reality Rainer Günter Knobloch
12:00-12:15	Coccygectomy Clinic – A Model of Team Approach for Surgical Indication Levon Doursounian, Jean-Yves Maigne
12:15-12:45	Discussion
12:45-13:15	Lunch



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July 5, Sunday Workshops

	Hall A		
13:15-14:00	Didactic Course Interpretation and Reading of Dynamic Radiographs Jean Yves Maigne Free for Symposium Attendees		
	Hall C	Anatomy Cadaver Lab, Marmara University School of Medicine	Interventional Pain Clinic, Operating Room, Asaf Ataseven Hospital, Marmara University
14:00-15:00	Manual Treatment Modalities for Coccydynia: Simulation- Based Training in Rectal and Vaginal Approaches Elif Gürkan	Dissection of the Coccyx and Related Structures Abdul Veli İsmailoğlu, Ümit Şehirli, Levon Doursounian	Fluoroscopy and Ultrasound Guided Injections for Coccygodynia Hakan Gündüz, Jean Yves Maigne, Savaş Şencan, Serdar Kokar *This course is only available for pain medicine specialists and fellows.

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* July 5, Sunday

Time	Hall A	Time	Hall B
14:00-15:00	Oral Presentations Session 3 Moderators: Burak Erken, Rekib Saçaklıdır OP-14 - Differentiating infection from trauma-induced inflammation in a pediatric patient with post-traumatic coccygeal swelling and elevated inflammatory markers Lal Özlüßen OP-15 - Inadvertent Intra-Articular Facet Joint Contrast Spread During Lumbar Transforaminal Epidural Steroid Injection Merve Sekizkardeş OP-16 - Efficacy of interventional pain management techniques for non-malignant chronic pelvic pain: A retrospective clinical analysis Özlem Melike Ekşi OP-17 - Effect of psychometric measurements on short-term pain outcomes in patients with coccydynia undergoing ganglion impar block Seçil Azime Karakuş OP-18 - The predictive value of ultrasonographic quadriceps muscle parameters for genicular nerve block outcomes in knee osteoarthritis Tuğçe Gezer Karabacak OP-19 - Coccydynia awareness, attitudes, behaviors, and symptom prevalence among medical secretaries Zeynep Noyan	14:00-15:00	Oral Presentations Session 4 Moderators: Bora Uzuner, Canan Şanal OP-20 - Do transforaminal epidural steroid injections reduce the need for gabapentinoids in patients with lumbar radicular pain? Nurbanu Hindioğlu Doğan OP-21 - More than neuromodulation: alexithymia and patient-reported outcomes in spinal cord stimulation Gaye Boztepe Yılmaz OP-22 - Alexithymia in patients with chronic coccydynia: evaluation of the presence of alexithymia and its relationship with clinical parameters: an observational study İpek Uyanık OP-23 - Comparison of ultrasound-guided perimeniscal corticosteroid and dextrose injections for medial knee pain in osteoarthritis: A pilot randomized clinical trial Gamze Gül Güleç OP-24 - Kinesiophobia in coccydynia: Unrelated to pain intensity but strongly associated with disability and quality of life Kemal Sarı OP-25 - Overlooked concomitant pathologies in coccygeal pain: Osteitis pubis and greater trochanteric pain syndrome Burcu Çınar OP-26 - Ganglion impar block for chronic postpartum coccydynia following instrumental vaginal delivery: A mid-term follow-up case series Tuğçe Güven Ekiz OP-27 - Topographic anatomy and clinical evaluation of the ganglion impar Ömer Selim Al

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Poster Presentations

PP-1 - A rare etiology of coccydynia: Giant cell tumor of the coccyx - A case report Aslınur Keleş Ercişli	PP-8 - Diagnostic confirmation and long-term nonoperative management of coccygeal osteoid osteoma using coccygeal nerve block and caudal epidural steroid injection: A pediatric case report Merve Bilgic Yeltepe
PP-2 - Coccygodynia after coccygectomy: Successful treatment of coccygeus muscle myofascial dysfunction with ultrasound-guided trigger point injection Betül Ayaz Seçil	PP-9 - A case of chordoma presenting with chronic coccyx pain: Diagnostic and treatment algorithm Muhammed Hazain Bulut
PP-3 - Extracorporeal shock wave therapy in the treatment of coccydynia: A narrative review of clinical evidence Deniz Erdem Yıldız	PP-10 - A rare cause of coccydynia: Sacral chordoma Mücahit Kaya
PP-4 - Coccydynia associated with gluteus maximus trigger points: A case report of dry needling intervention Ebru Kübra Taşpolat	PP-11 - Ischiofemoral impingement secondary to lesser trochanter osteochondroma: A case report Nurbanu Hindioğlu Doğan
PP-5 - Coccydynia and functional decline associated with megarectum and megacolon in a patient with spastic quadriplegic cerebral palsy: A case report Ecenaz Nevruz Atak	PP-12 - Single-session ganglion impar block ends ten years of refractory coccygodynia: A case report Tuba Uyanık Kesmez
PP-6 - Incidentally detected tailgut cyst during evaluation of a sacrococcygeal fracture: A case report İzel Deniz Pehlivan Çakıcı	PP-13 - Internal manual coccygeal manipulation followed by targeted pelvic rehabilitation in patients with chronic coccydynia: A case series Syeda Mubashira
PP-7 - Coccydynia in axial spondyloarthritis: Anococcygeal enthesitis accompanying mechanical factors Melis Öztürk	PP-14 - Spinal cord stimulation in a patient with radiographic axial spondyloarthritis Nurbanu Hindioğlu Doğan

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ORAL PRESENTATIONS



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OP-1 ARTIFICIAL INTELLIGENCE-GENERATED RESPONSES TO FREQUENTLY ASKED QUESTIONS ON COCCYDYNIA: EVALUATING THE ACCURACY AND CONSISTENCY OF GPT-4O'S PERFORMANCE

Aslınur Keleş Ercişli¹, Özge Gülsüm İlleez¹, **Berkay Erbağcı¹**, Esra Giray¹

¹*Department of Physical Medicine and Rehabilitation, Health Science University, Fatih Sultan Mehmet Training and Research Hospital, İstanbul, Türkiye*

Introduction: This study aimed to assess whether GPT-4o's responses to patient-centered frequently asked questions about coccydynia are accurate and consistent when asked at different times and from different accounts.

Methods: Questions were collected from medical websites, forums, and patient support groups and posed to GPT-4o. The responses were evaluated by two physiatrists for accuracy and consistency. Responses were categorized: (i) correct and comprehensive, (ii) correct but not inadequate, (iii) partially correct and partially incorrect, and (iv) completely incorrect. Inconsistencies in scoring were resolved by an additional reviewer as needed. Statistical analysis, including Cohen's kappa for interreviewer reliability, was performed.

Results: Of the 81 responses, 45.7% were rated as correct and comprehensive, while 49.4% were correct but incomplete. Only 4.9% of the responses contained partially incorrect information, and no responses were completely incorrect. The interreviewer agreement was substantial (kappa=0.67), but 75% of the responses differed between the two rounds. Notably, 34.9% of initially incomplete answers improved in the second round.

Conclusion: GPT-4o shows promise in providing accurate and generally reliable information about coccydynia. However, the variability observed in response consistency across repeated queries suggests that while the model is useful for patient education and general inquiries, it may not be suitable for providing specialized clinical knowledge without human oversight.

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OP-2 DEMOGRAPHIC AND CLINICAL CHARACTERISTICS OF PATIENTS WITH COCCYGEAL FRACTURE PRESENTING TO THE EMERGENCY DEPARTMENT: A SEVEN-YEAR RETROSPECTIVE ANALYSIS

Alp İnanıcı¹, Yener Şahin¹, Onur Erdoğan¹, Mustafa Şenses¹

¹*Department of Neurosurgery, Marmara University School of Medicine, İstanbul, Türkiye*

Introduction: Coccygeal fractures are commonly encountered in the emergency department but rarely require surgical intervention. This study aimed to describe the demographic and clinical characteristics of patients with radiologically confirmed coccygeal fractures referred to neurosurgery from the emergency department.

Methods: Patients referred to neurosurgery from the emergency department for coccygeal trauma between 2019 and 2025 at Marmara University were retrospectively reviewed. Only patients with radiologically confirmed coccygeal fractures were included; non-traumatic sacrococcygeal pathologies and patients without coccygeal involvement were excluded. Total spinal trauma admissions during the same period (n=2480) served as the denominator to estimate relative frequency. Demographic data, trauma mechanism, concomitant injuries, management, and follow-up were evaluated.

Results: Seventeen patients with confirmed coccygeal fracture were included, corresponding to 0.69% of all spinal trauma admissions during the study period. Eleven (65%) were female and six (35%) male. Median age was 30 years (interquartile range 27–40; range 16–76). The most common mechanism was fall (n=10, 59%), followed by traffic accident (n=6, 35%). Nine patients (53%) had an isolated coccygeal fracture, while eight (47%) had a concomitant injury, including additional spinal fractures, extremity fractures, and soft tissue injuries. No patient had a neurological deficit. Two patients with open coccygeal fracture and perianal/gluteal laceration required surgical repair. The remaining patients were managed conservatively and discharged with outpatient follow-up recommendations. Most patients did not return for follow-up.

Conclusion: In this seven-year single-center series, coccygeal fractures accounted for less than 1% of spinal trauma admissions, and the majority were managed conservatively without surgical intervention. These findings support that coccygeal fractures are infrequent and predominantly managed conservatively, although a minority present with open injuries requiring surgical repair. Single-center design, limited sample size, and substantial loss to follow-up are the main limitations.

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OP-3 DOES BODY COMPOSITION SHAPE COCCYDYNIA? BEYOND BODY MASS INDEX (BMI): ADIPOSITY DISTRIBUTION AND CLINICAL OUTCOMES - A PILOT STUDY

Ashnur Keleş Ercişli¹

¹*Department of Physical Medicine and Rehabilitation, University of Health Sciences, Fatih Sultan Mehmet Training and Research Hospital, İstanbul, Türkiye*

Introduction: Obesity is a known predisposing factor for coccydynia by restricting sagittal pelvic rotation and leading to posterior subluxation. By combining waist (WC) and hip (HC) circumferences with body mass index (BMI), new anthropometric indices have emerged to provide a more precise assessment of abdominal and gluteofemoral fat distribution. Although these indices have been investigated in low back pain, their associations with pain severity, functional disability, quality of life, and coccygeal morphology in coccydynia remain underexamined. This pilot study addressed this gap.

Methods: Forty consecutive outpatients with chronic coccydynia were enrolled in this cross-sectional study. Seven indices were assessed: BMI, WC, HC, waist-to-hip ratio (WHR), ABSI, WWI, and adjusted body weight (ABW). Outcomes included the Numeric Rating Scale (NRS; 7 subscales), Oswestry Disability Index (ODI), Paris Coccyx Questionnaire (PCQ), and Short Form-12 (SF-12; PCS/MCS). Coccygeal morphology and mobility were evaluated by dynamic lateral radiographs. Spearman correlations, Mann–Whitney U, Kruskal–Wallis, Fisher’s exact tests, and multinomial logistic regression were applied.

Results: Participants were predominantly female (80%; mean age 46.1±12.3 years). WC ($r_s=0.319$, $p=0.042$), HC ($r_s=0.378$, $p=0.014$), and WWI ($r_s=0.347$, $p=0.026$) positively correlated with ODI. Higher ABW predicted lower PCQ scores ($r_s=-0.318$, $p=0.043$) and higher BMI predicted lower sitting-onset NRS ($r_s=-0.368$, $p=0.015$). BMI category showed an inverted U-shaped association with global NRS ($H=6.449$, $p=0.040$), peaking in overweight (median 8.0) and declining in obese (median 7.0). Binary WC and WHR threshold groups showed no significant clinical differences (all $p>0.05$).

Sex-specific ABSI cut-offs (women ≥ 76.2 ; men ≥ 83.3) identified subgroups with greater disability (ODI $p=0.030$) and worse mental quality of life (MCS $p=0.027$). Exploratory regression identified lower BMI Binary WC and WHR threshold groups showed no significant clinical differences (all $p>0.05$).

Conclusion: Composite adiposity indices are associated with disability and quality of life in coccydynia. Higher BMI attenuates sitting-onset pain via a cushioning mechanism; pain peaks in the overweight range, indicating BMI-dependent mechanical effects on symptom severity. Sex-specific ABSI cut-offs identify clinically distinct subgroups warranting further investigation.

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OP-4 COMPARISON OF MESOTHERAPY AND CONVENTIONAL TREATMENT IN PATIENTS WITH COCCYGODYNIA: A PILOT STUDY

Ayşe Ukbe Baykut¹, Duygu Yanıktas¹

¹*Department of Physical Medicine and Rehabilitation, Bilkent City Hospital Ankara, Türkiye*

Introduction: Coccygodynia is a chronic pain syndrome characterized by localized coccygeal pain that worsens while sitting and impairs daily living activities. Conservative treatments, including lifestyle modifications, sitting cushions, pelvic floor exercises, and injection therapies, are commonly used. Mesotherapy is a technique applied in musculoskeletal pain and dermatological conditions. This study aimed to compare the effects of mesotherapy and conventional treatment on pain severity and daily living activities in patients with coccygodynia.

Methods: In this retrospective study, patients diagnosed with coccygodynia were evaluated in two groups. Both groups received recommendations regarding conventional management. In addition, the first group received mesotherapy once weekly for three consecutive weeks. In the mesotherapy group, a total 4 mL mixture consisting of tenoxicam 2.5 mg/1 mL, lidocaine hydrochloride 20 mg/1 mL, and 2 mL of 0.9% NaCl saline was administered into the mesoderm. VAS scores and Oswestry Disability Index (ODI) scores, reflecting impairment in activities of daily living, were recorded before treatment and at the 1st and 6th months of follow-up.

Results: Both groups demonstrated reductions in VAS scores at the 1st and 6th months compared with baseline. The reduction in VAS scores at the 1st month was greater in the mesotherapy group. In the mesotherapy group, significant improvements compared with baseline were observed in the ODI subparameters of pain intensity, lifting, sitting, and traveling. Improvement in the lifting parameter at the 1st month and in the traveling parameter at both the 1st and 6th months was significantly greater than that observed in the conventional treatment group. In the conventional treatment group, only the ODI pain intensity parameter showed a significant decrease at the 1st and 6th months compared with baseline.

Conclusion: This pilot study demonstrated that mesotherapy provided significant improvements in both pain scores and activities of daily living in patients with coccygodynia. These beneficial effects appeared to persist in the mid-to long-term follow-up period. We believe that mesotherapy may offer valuable contributions for clinicians seeking effective treatment strategies for coccygodynia.

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OP-5 IMPACT OF METABOLIC SYNDROME ON THE DURABILITY OF PAIN RELIEF AFTER LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION: A PROSPECTIVE COHORT STUDY

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Introduction: Metabolic syndrome (MS) is associated with chronic low-grade inflammation and biomechanical alterations that may influence outcomes following interventional pain procedures. Although lumbar transforaminal epidural steroid injection (TFESI) is commonly used for radicular pain, determinants of sustained treatment response remain unclear. This prospective observational cohort study aims to evaluate the impact of metabolic syndrome on clinical outcomes and the durability of pain relief following lumbar TFESI.

Methods: 51 patients with unilateral lumbar radicular pain undergoing fluoroscopy-guided TFESI were prospectively enrolled and followed for 3 months. Patients were classified as having MS (n = 21) or not (n = 30) using harmonized criteria. Pain intensity (Numeric Rating Scale, NRS-11), functional disability (Istanbul Low Back Pain Disability Index), and quality of life (Short Form-12) were assessed at baseline, 3 weeks, and 3 months. Treatment success was defined as $\geq 50\%$ reduction in NRS-11, and a 2-point reduction was considered the minimal clinically important change (MCIC).

Results: Both groups demonstrated significant improvement at 3 weeks with no between-group differences. However, at 3 months, patients with MS had significantly higher pain scores and lower treatment success rates compared to metabolically healthy patients (33% vs. 73%). MCIC achievement was also reduced in the MS group (47.6% vs. 90%). Functional disability and physical quality-of-life scores were significantly worse in the MS group at 3 months, whereas mental component scores did not differ.

Conclusion: Metabolic syndrome negatively affects the durability of pain relief following lumbar TFESI. While early outcomes are comparable, sustained benefit is significantly reduced in patients with MS. Assessment and optimization of metabolic health may be important for improving long-term interventional pain outcomes.

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OP-6 VALIDITY AND PSYCHOMETRIC CHARACTERISTICS OF THE TURKISH VERSION OF THE PARIS COCCYX QUESTIONNAIRE (PCQ)

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Introduction: The Paris Coccyx Questionnaire (PCQ) is a brief, condition-specific patient-reported outcome measure developed to assess functional limitations associated with coccygeal pain. No validated tool is currently available for patients with coccydynia, and the PCQ has not previously undergone formal psychometric evaluation. We assessed the validity and reliability of the Turkish version of the PCQ.

Methods: Patients with clinically diagnosed coccydynia were recruited consecutively from a specialized outpatient clinic. Functional impairment was assessed using the PCQ alongside the Oswestry Disability Index (ODI), Numeric Rating Scales (NRS) for pain intensity, and the Short-Form Health Survey (SF-12). Construct validity was examined through Spearman correlations between the PCQ and related measures. Structural validity was evaluated using exploratory factor analysis (EFA) with parallel analysis to determine the number of factors. Reliability was assessed using Cronbach's alpha for internal consistency and intraclass correlation coefficients (ICC) for test-retest reproducibility.

Results: A total of 104 patients were included (84.6% female; mean age 45.6 ± 12.0 years). The mean PCQ total score was 6.85 ± 1.92. EFA with parallel analysis identified a two-factor solution retaining all six original PCQ items: Factor 1 (items 1–4, sitting-related activities) explained 34.8% of variance and Factor 2 (items 5–6, standing and sustained positional activities) explained an additional 23.7%, totalling 58.5%. No floor effect (0.0%) and an acceptable ceiling effect (6.73%) were observed. The PCQ demonstrated moderate correlations with ODI ($p = 0.535$, $p < 0.001$) and NRS general pain ($p = 0.452$, $p < 0.001$), supporting convergent validity. Internal consistency was acceptable for Factor 1 (Cronbach's $\alpha = 0.662$). Test-retest reliability was good (ICC = 0.842, 95% CI: 0.776–0.890).

Conclusion: The Turkish version of the PCQ demonstrates a two-factor structure encompassing all six original items, with acceptable construct validity and good test-retest reliability, supporting its use in both clinical practice and research settings.

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OP-7 CATHETER-ASSISTED PARAMEDIAN VERSUS CONVENTIONAL MIDLINE CERVICAL INTERLAMINAR EPIDURAL INJECTION FOR CERVICAL RADICULAR PAIN: PRELIMINARY RESULTS OF A RETROSPECTIVE COMPARATIVE STUDY

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Introduction: Cervical interlaminar epidural steroid injection is commonly used for cervical radicular pain refractory to conservative treatment. While the conventional midline approach is widely performed, a catheter-assisted paramedian technique may provide more targeted epidural delivery toward the symptomatic side and affected level. This preliminary study aimed to compare clinical outcomes between conventional midline and catheter-assisted paramedian cervical interlaminar epidural injections.

Methods: This retrospective comparative study included patients who underwent cervical interlaminar epidural injection for cervical radicular pain. Patients were divided according to injection technique: conventional midline approach or catheter-assisted paramedian approach. Pain intensity was assessed using the numerical rating scale (NRS) at baseline, 1 month, and 3 months. The primary outcome was the change in NRS score from baseline to 3 months.

Results: A total of 101 patients with complete NRS data were analyzed: 50 in the midline group and 51 in the catheter-assisted paramedian group. Baseline NRS scores were comparable between groups (8.26 ± 1.14 vs 8.35 ± 1.35 ; $p = 0.653$). At 3 months, the catheter-assisted paramedian group showed a greater NRS reduction than the midline group (4.59 ± 3.02 vs 3.34 ± 2.45 ; $p = 0.024$). The 3-month NRS score was also lower in the catheter-assisted paramedian group (3.76 ± 2.76 vs 4.92 ± 2.59 ; $p = 0.021$). The proportion of patients achieving at least 50% NRS reduction was higher in the catheter-assisted paramedian group (66.7% vs 46.0%; $p = 0.046$).

Conclusion: In this preliminary retrospective analysis, catheter-assisted paramedian cervical interlaminar epidural injection was associated with greater 3-month pain reduction and a higher rate of clinically meaningful response compared with the conventional midline approach. Further prospective studies are needed to confirm these findings.

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OP-8 CAN MAGNETIC CHAIR-BASED ELECTROMAGNETIC FIELD THERAPY OFFER A SOLUTION FOR PAIN MANAGEMENT IN PATIENTS WITH COCCYDYNIA? A RANDOMIZED SHAM-CONTROLLED TRIAL

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Introduction: Coccydynia is a common cause of chronic pain that impairs daily activities and quality of life. Although various conservative and invasive treatments have been proposed, there is no consensus on the optimal management strategy. Magnetic field therapy has shown beneficial effects in several musculoskeletal pain conditions; however, its efficacy in coccydynia remains unclear. This study aimed to evaluate the effects of magnetic chair therapy on pain, disability, quality of life and functional outcomes in patients with coccydynia.

Methods: This prospective, randomized, double-blind, placebo-controlled study was conducted at the Department of Physical Medicine and Rehabilitation, Ankara Etlik City Hospital. Patients with coccydynia were randomly assigned to an active magnetic chair therapy group or a sham group. Both groups performed pelvic floor muscle exercises and received 20-minute magnetic chair sessions (30 Hz) twice weekly for six weeks. In the sham group, a lead plate was placed over the magnetic coil to block magnetic field penetration. Pain, disability, quality of life, functional performance and biofeedback outcomes were assessed before and after treatment. This abstract presents a preliminary analysis of the first 17 participants who completed the protocol.

Results: The mean age of the participants was 41.3±11.6 years, and 64.7% were female. Significant improvements were observed in the overall study population for the Visual Analog Scale, Oswestry Disability Index, EuroQol-5 Dimensions, Five Times Sit-to-Stand Test, and Biofeedback Score after treatment (all $p<0.001$). However, no significant differences were found between the active treatment and sham groups in any change score (all $p>0.05$).

Conclusion: Significant improvements were observed in the overall study population. However, preliminary between-group analysis did not demonstrate the superiority of active magnetic chair therapy over sham treatment. Further analysis after completion of the planned sample size is warranted.

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OP-9 MODE OF DELIVERY DECISION IN A PREGNANT WOMAN WITH COCCYX DYSFUNCTION FOLLOWING PREVIOUS VAGINAL DELIVERY: A CASE REPORT

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Introduction: Coccydynia is a clinical condition characterized by pain in the coccygeal region, commonly aggravated by sitting and positional changes, and may develop following trauma or childbirth. Although rare, vaginal delivery may lead to coccyx dysfunction due to excessive pressure exerted by the fetal head. Determining the optimal mode of delivery in subsequent pregnancies for women with previous coccygeal injury is important for maternal comfort and long-term functional outcomes. This case report aimed to evaluate delivery mode planning in a pregnant woman with a history of coccyx dysfunction following vaginal birth.

Case Presentation: A 27-year-old gravida 2, para 1 woman at 21 weeks of gestation presented to our outpatient clinic with coccygeal pain. Her medical history revealed a previous vaginal delivery at 37 weeks of gestation complicated by coccyx dysfunction, followed by postpartum pain exacerbated by sitting for six months. Conservative management, including a sitting cushion, paracetamol, and thermal application, had been used. During the current pregnancy, coccygeal pain increased, particularly after prolonged sitting on hard surfaces. Physical examination demonstrated tenderness over the coccyx, while neurological examination was normal. No new imaging was performed due to pregnancy. A previous sacrococcygeal lateral radiograph demonstrated abnormal angulation of the distal coccyx.

The patient was advised to avoid prolonged sitting on hard surfaces, frequently change positions, use an orthopedic sitting cushion, and apply cold therapy. Considering the risk of symptom exacerbation and chronic pain recurrence associated with repeated coccygeal loading during vaginal delivery, cesarean delivery was considered an appropriate individualized option.

Conclusion: This case highlights the importance of considering pre-existing coccygeal pathology when planning the mode of delivery during pregnancy. Individualized assessment and multidisciplinary management may contribute to reducing symptom exacerbation and improving maternal outcomes.

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OP-10 EVALUATING THE QUALITY AND RELIABILITY OF YOUTUBE VIDEOS ON COCCYDYNIA

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Introduction: Coccydynia is a painful condition of the coccyx region that significantly impairs quality of life. Patients increasingly seek health information online, particularly through YouTube, yet the quality and reliability of such content remain largely unvalidated. This study aimed to evaluate the quality, reliability, usefulness, and content characteristics of YouTube videos on coccydynia.

Methods: YouTube was searched using the keywords "kuyruk sokumu ağrısı" and "kuyruk sokumu ağrısı tedavisi" via an incognito browser. Videos were sorted by view count. Inclusion required Turkish-language content with acceptable audiovisual quality addressing coccydynia; exclusions included non-Turkish videos, Shorts, poor-quality recordings, and irrelevant or duplicate content. Two raters independently evaluated each video using the Global Quality Scale (GQS), modified DISCERN (mDISCERN), and a Usefulness Score. Misinformation level, video source, and engagement metrics were recorded. Inter-rater reliability was assessed with Cohen's kappa; Spearman's rho, Kruskal–Wallis, and Mann–Whitney U tests were applied.

Results: A total of 91 videos were analyzed ($\kappa=0.916$). Based on GQS, 33.0%, 45.1%, and 22.0% of videos were low, moderate, and high quality, respectively. Mean mDISCERN was 25.46 (SD = 6.34, median = 24). GQS and mDISCERN were strongly correlated ($r_s=0.814$, $p<0.001$). The most frequently covered categories were clinical findings/symptoms (96.7%) and etiology/risk factors (78.0%). Physician-uploaded videos had significantly higher mDISCERN and Usefulness scores with less misinformation than non-healthcare professionals ($p<0.05$). Higher GQS groups showed significantly better mDISCERN, Usefulness, Video Power Index (VPI), and View Rate ($p<0.05$). No significant correlation was found between misinformation and engagement metrics.

Conclusion: YouTube videos on coccydynia vary considerably in quality and reliability. Physician-produced content showed superior accuracy and educational value, yet engagement metrics did not reflect content quality. Healthcare professionals should be encouraged to contribute evidence-based content to improve patient education and counter misinformation.

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OP-11 DOES THE PRESENCE OF TRAUMA AFFECT THE SUCCESS OF GANGLION IMPAR BLOCK IN PATIENTS WITH CHRONIC COCCYDYNIA?

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Introduction: Ganglion impar block has become an established interventional treatment for patients who do not respond adequately to conservative therapies. However, factors influencing treatment outcomes remain poorly defined. Since traumatic and non-traumatic coccydynia may involve different underlying pain mechanism, treatment response may vary between these patients groups. This study aimed to evaluate treatment success following ganglion impar block and to determine whether traumatic etiology is an independent predictor of clinical outcome in patients with chronic coccydynia.

Methods: Fifty patients were included in the study. Data on age, gender, body mass index (BMI), symptom duration, trauma history, and pain intensity were recorded. Pain intensity was assessed at baseline, 1 month, and 3 months using the Numerical Rating Scale (NRS). Patients were divided into two groups based on the presence of a trauma history. Independent factors affecting treatment success were investigated using logistic regression analysis.

Results: The mean age of the patients was 46.72±4.29 years, and the mean BMI was 29.92±1.48 kg/m². The baseline NRS score was 8.02±0.71, decreasing to 4.80±0.78 at 1 month and 3.80±0.88 at 3 months (p<0.001). There were no significant differences between the groups in terms of age, BMI, pain duration, and baseline NRS scores (p>0.05). In contrast, patients with a history of trauma had significantly lower NRS scores at months 1 and 3 (p=0.003 and p<0.001, respectively). Treatment success was found to be 80% in patients with a history of trauma and 16% in those without (p<0.001). In logistic regression analysis, a history of trauma was found to be an independent predictor of treatment success (OR=54.22, p<0.001).

Conclusion: Ganglion impar block provides significant pain relief in chronic coccydynia. A history of trauma appears to be a strong independent predictor of treatment success and may be useful in patient selection and prognostic assessment before intervention.

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OP-12 FLUOROSCOPY-GUIDED GANGLION IMPAR BLOCK FOR REFRACTORY COCCYGODYNIA IN CHILDREN AND ADOLESCENTS: A CASE SERIES

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Introduction: Coccygodynia is an uncommon but potentially disabling pain condition in children and adolescents. Evidence regarding interventional treatment options in this age group is limited. This case series aimed to describe the clinical characteristics, outcomes, and safety profile of fluoroscopy-guided ganglion impar block in pediatric and adolescent patients with refractory coccygodynia.

Methods: This single-center case series included six patients aged ≤ 19 years who underwent fluoroscopy-guided ganglion impar block for coccygodynia between September 2021 and July 2025. Demographic, clinical, procedural, and follow-up data were obtained from medical records. Pain intensity was evaluated using the Numeric Rating Scale (NRS) at baseline, 1 hour, 3 weeks, and 3 months after the procedure. Clinical response at 3 months was defined as a ≥ 2 -point reduction in NRS score.

Results: Six patients were included. The age range was 15-18 years. Pain duration ranged from 4 to 60 months, with a median duration of 30 months. Baseline NRS scores ranged from 6 to 8. At 3 months, a clinically meaningful response was achieved in 3 of 6 patients (50.0%). One patient had a history of coccygeal surgery and showed sustained complete pain relief after the procedure. One patient who had previously benefited from manual therapy and one patient with a history of pseudotumor cerebri showed only transient early pain relief, without sustained improvement at follow-up. One patient who had undergone ganglion impar block 4 years before the current procedure achieved complete pain relief throughout follow-up. Complete pain relief was observed in 3 patients at 3 months. No major procedure-related complications were observed.

Conclusion: Fluoroscopy-guided ganglion impar block provided clinically meaningful pain relief in half of children and adolescents with refractory coccygodynia and showed a favorable safety profile. These findings suggest that ganglion impar block may be considered as an adjunctive option in carefully selected young patients with persistent coccygeal pain.

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OP-13 THE IMPACT OF NEEDLE ENTRY ANGLE ON PROCEDURE DURATION AND RADIATION DOSE IN FLUOROSCOPICALLY GUIDED CAUDAL EPIDURAL INJECTION

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Introduction: This study aimed to evaluate the relationship between needle insertion angle, radiation dose, and procedure time during caudal epidural steroid injection and to determine an optimal insertion angle to minimize radiation exposure. An observational study was conducted on patients who underwent fluoroscopy-guided caudal epidural steroid injection.

Methods: Demographic data, body mass index (BMI), procedure time, radiation dose, and needle insertion angle were recorded. The caudal needle insertion angle was measured on fluoroscopic images as the angle between the needle and the patient's longitudinal axis.

Results: Forty-one patients were included in study. The median caudal needle insertion angle was 22.48° (1–56). A moderate positive correlation was observed between the needle insertion angle and radiation dose ($r=0.533$, $p=0.001$), while a weak-to-moderate positive correlation was found with procedure time ($r=0.329$, $p=0.036$). Multivariate regression analysis demonstrated that the needle insertion angle was an independent predictor of radiation dose ($p=0.027$), whereas age, gender, and BMI were not. Patients with a needle insertion angle greater than 20° had significantly higher radiation doses and longer procedure times compared with those with angles below 20° ($p=0.001$ and $p=0.003$, respectively).

Conclusion: Needle insertion angles below 20° during fluoroscopy-guided caudal epidural steroid injections are associated with lower radiation exposure and shorter procedure duration. Adopting an anatomically appropriate needle angle may contribute to radiation reduction strategies for both patients and interventional pain physicians.

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OP-14 DIFFERENTIATING INFECTION FROM TRAUMA-INDUCED INFLAMMATION IN A PEDIATRIC PATIENT WITH POST-TRAUMATIC COCCYGEAL SWELLING AND ELEVATED INFLAMMATORY MARKERS

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Introduction: Although coccygeal trauma is common in childhood, the clinical significance of post-traumatic soft tissue swelling accompanied by elevated inflammatory markers remains unclear. The coexistence of erythema, tenderness, and laboratory evidence of inflammation may complicate the differential diagnosis between infection, pilonidal disease, hematoma, and other soft tissue pathologies. We present a pediatric patient with post-traumatic coccygeal swelling and markedly elevated inflammatory markers who achieved complete recovery with conservative treatment alone.

Case Presentation: A 13-year-old girl presented one week after falling onto her buttocks from standing height, complaining of pain, swelling, firmness, and redness over the coccygeal region. Physical examination revealed localized erythema, tenderness, and induration over the coccyx. There was no drainage, skin opening, fluctuance, fever, or other signs of systemic infection.

Laboratory evaluation demonstrated an erythrocyte sedimentation rate of 31 mm/h, C-reactive protein of 15.6 mg/L, leukocyte count of $12.69 \times 10^9/L$, and neutrophil count of $10.11 \times 10^9/L$. Plain radiographs showed no fracture or dislocation. Ultrasonography was planned for soft tissue evaluation; however, the patient did not attend the appointment because her symptoms resolved before imaging could be performed.

The patient was treated with oral ibuprofen, topical anti-inflammatory therapy, and activity modification. Symptoms improved rapidly, allowing return to school and daily activities within two days. Swelling resolved completely within 10 days and erythema within two weeks. No fever, drainage, need for antibiotics, surgical intervention, or recurrence occurred during follow-up.

At the 4-month follow-up, inflammatory markers had normalized. Ultrasonography demonstrated only mild ill-defined increased echogenicity within the subcutaneous fat tissue, without fluid collection, abscess, or cystic lesion.

Conclusion: Elevated inflammatory markers following coccygeal trauma in pediatric patients do not necessarily indicate infection. In the absence of fever, drainage, progressive symptoms, or imaging findings suggestive of infection, careful clinical observation and conservative management may prevent unnecessary antibiotic use and invasive interventions.

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OP-15 INADVERTENT INTRA-ARTICULAR FACET JOINT CONTRAST SPREAD DURING LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION

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Introduction: Inadvertent intra-articular facet joint contrast spread is a recognized non-epidural flow pattern during interlaminar epidural steroid injections, but its occurrence during lumbar transforaminal epidural steroid injection (TFESI) remains poorly characterized. This study aimed to determine the prevalence and clinical–radiological features of inadvertent facet joint contrast spread during lumbar TFESI.

Methods: We retrospectively reviewed 2,499 lumbar TFESI procedures performed between January 1, 2023, and April 1, 2025. Cases demonstrating inadvertent intra-articular facet joint contrast spread on fluoroscopic images were included. Demographic data, injection level and side, and preprocedural magnetic resonance imaging findings were recorded. Radiological assessment included lumbosacral transitional vertebrae, spondylolisthesis, spondylolysis, facet joint degeneration, facet tropism, intervertebral disc degeneration, and nerve root compression.

Results: Inadvertent facet joint contrast spread was identified in 26 procedures, corresponding to a prevalence of 1.04%. The event occurred most frequently during L5 nerve root injections (84.6%), followed by L4 injections (15.4%). Right-sided injections accounted for 16 cases (61.5%). Facet joint degeneration was present in all patients, and facet tropism was observed in 7 patients (26.9%). Advanced disc degeneration, defined as Pfirrmann grade 4–5, was present in 15 patients (57.7%). Lumbosacral transitional vertebrae were identified in 5 patients (19.2%), and spondylolisthesis was present in 6 patients (23.1%). All patients demonstrated nerve root compression at the treated level.

Conclusion: Inadvertent facet joint contrast spread during lumbar TFESI was observed in 1.04% of procedures and was most commonly associated with lower lumbar injections and degenerative posterior element pathology. Awareness of this contrast-flow pattern is important because it may mimic epidural or retrodural spread and may result in unintended non-epidural drug delivery. Careful fluoroscopic interpretation may facilitate early recognition, needle repositioning, and improved procedural accuracy.

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OP-16 EFFICACY OF INTERVENTIONAL PAIN MANAGEMENT TECHNIQUES FOR NON-MALIGNANT CHRONIC PELVIC PAIN: A RETROSPECTIVE CLINICAL ANALYSIS

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Introduction: Chronic pelvic pain (CPP) is a heterogeneous and treatment-resistant condition that often requires interventional management. This study aimed to evaluate the clinical indications and analgesic outcomes of different interventional pain management strategies in patients with non-malignant CPP.

Methods: Data collected included demographics, diagnosis, pharmacologic agents, procedure type, and Numerical Rating Scale (NRS) scores recorded pre-procedure and at 1 hour, 3 weeks, and 3 months. Interventions comprised pudendal nerve block (PNB), pudendal nerve pulsed radiofrequency (PNpRF), superior hypogastric plexus block (SHPB), superior hypogastric plexus phenol neurolysis (SHPPN), ganglion impar block (GIB), ilioinguinal–iliohypogastric nerve block (II-IH NB), ilioinguinal–iliohypogastric pulsed RF (II-IH pRF), and combined SHPB+GIB. Clinical success was defined as a $\geq 50\%$ NRS reduction, and the minimal clinically important change (MCIC) as a 2-point decrease

Results: Seventy patients (mean age 50.2 ± 14.6 years) underwent a total of 93 interventional procedures. The most frequent diagnostic subgroup was primary bladder pain syndrome, accounting for 37.6% of the study population. Mean NRS scores decreased significantly from baseline (8.1 ± 1.4) to 2.2 ± 2.7 at 1 hour, 4.8 ± 2.2 at 3 weeks, and 5.6 ± 1.9 at 3 months ($p < 0.001$). At 3 months, overall treatment success ($\geq 50\%$ NRS reduction) was achieved in 23.7% of patients, while MCIC was maintained in 65.5%. The highest success rates were observed in the SHPPN group (60%) and the SHP + GIB group (46.1%). No major complications were observed.

Conclusion: Interventional pain management techniques may provide clinically meaningful analgesia in selected patients with non-malignant chronic pelvic pain.

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OP-17 EFFECT OF PSYCHOMETRIC MEASUREMENTS ON SHORT-TERM PAIN OUTCOMES IN PATIENTS WITH COCCYDYNIA UNDERGOING GANGLION IMPAR BLOCK

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Introduction: Coccydynia is a chronic pain condition affecting the coccygeal region. Ganglion impar block is a commonly used treatment option for patients unresponsive to conservative therapies. Psychological factors may influence chronic pain and treatment outcomes. Self-compassion, anxiety, and depression are thought to affect patients' responses to treatment; however, data regarding their impact on ganglion impar block outcomes are limited. This study aimed to evaluate the association between self-compassion, anxiety, and depression levels and short-term pain outcomes following ganglion impar block in patients with coccydynia.

Methods: This retrospective study evaluated patients who underwent ganglion impar block for chronic coccygodynia between 2024 and 2026. Demographic data and Numerical Rating Scale (NRS) scores before and one month after the procedure were examined. In addition, the Self-Compassion Scale–Short Form (SCS-SF) and the Hospital Anxiety and Depression Scale (HADS) were administered to assess self-compassion, depression, and anxiety levels. Treatment success was defined as at least a 50% reduction in the NRS score from baseline after the procedure.

Results: A total of 22 patients were included in the study. The mean age of the patients was 45.3±11.9 years, and 63.6% were female. Clinically significant treatment success was achieved in 45.5% of the patients. Anxiety was detected in 31.8% of patients and depression in 45.5%. Patients with depression and lower self-compassion levels demonstrated significantly lower treatment success rates ($p < 0.05$). In contrast, anxiety was not significantly associated with treatment outcomes.

Conclusion: Treatment success following ganglion impar block in patients with coccydynia was associated with psychological factors. Depression and low self-compassion were linked to poorer outcomes, whereas anxiety showed no significant association. These findings highlight the importance of psychological assessment before interventional pain procedures.

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OP-18 THE PREDICTIVE VALUE OF ULTRASONOGRAPHIC QUADRICEPS MUSCLE PARAMETERS FOR GENICULAR NERVE BLOCK OUTCOMES IN KNEE OSTEOARTHRITIS

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Introduction: Genicular nerve block is used for chronic knee osteoarthritis pain refractory to conservative treatment. This study investigated whether baseline ultrasonographic architecture of the vastus lateralis muscle could predict clinical response.

Methods: This prospective observational study included 41 patients aged 50–80 years with unilateral Kellgren–Lawrence grade 3 or 4 knee osteoarthritis. Before ultrasound-guided genicular nerve block, vastus lateralis muscle thickness, fascicle length, and pennation angle were measured. Pain was assessed using the Numeric Rating Scale (NRS) at baseline, 1 hour, 3 weeks, and 3 months. Function and quality of life were assessed using the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) and EuroQol score at baseline, 3 weeks, and 3 months. Response was defined as at least 50% NRS reduction at 3 months.

Results: The cohort comprised 31 women and 10 men, with a mean age of 62.6±8.7 years. Median NRS decreased from 8 at baseline to 1 at 1 hour and 4 at both 3 weeks and 3 months. Median WOMAC decreased from 56 to 28 at 3 weeks and 24 at 3 months, while median EuroQol increased from 0.54 to 0.76 and 0.74, respectively (all $p<0.001$). Pennation angle and muscle thickness correlated with EuroQol improvement at 3 weeks ($\rho=0.338$, $p=0.031$; $\rho=0.368$, $p=0.018$, respectively). Fascicle length was not associated with treatment response. At 3 months, 23 patients (56.1%) were responders, but muscle parameters did not differ between responders and non-responders.

Conclusion: Genicular nerve block significantly improved pain, function, and quality of life. Baseline quadriceps muscle architecture had limited predictive value for pain response, although pennation angle and muscle thickness were associated with early quality-of-life improvement.

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OP-19 COCCYDYNIA AWARENESS, ATTITUDES, BEHAVIORS, AND SYMPTOM PREVALENCE AMONG MEDICAL SECRETARIES

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Introduction: Coccydynia is a painful condition affecting the coccygeal region and may be associated with prolonged sitting, trauma, obesity, pregnancy, and ergonomic factors. Medical secretaries spend a considerable part of their working day in a seated position, which may increase the risk of coccygeal symptoms. This study aimed to evaluate awareness, attitudes, behaviors, and symptoms related to coccydynia among medical secretaries.

Methods: A descriptive cross-sectional study was conducted among 67 medical secretaries employed at our university hospital. Data were collected using a researcher-developed questionnaire based on the relevant literature, comprising items assessing demographic characteristics as well as coccydynia-related awareness, attitudes, behaviors, and symptoms. Data were analyzed using descriptive statistics.

Results: The mean age of the participants was 25.93±3.93 years. Regarding daily sitting duration, 44.8% reported sitting for 7–8 hours, 25.4% for 8–10 hours, 19.4% for 10–12 hours, and 10.4% for more than 12 hours per day. Awareness regarding the location of the coccyx (98.5%) and the importance of taking regular sitting breaks (92.5%) was high. However, only 28.4% had previously heard the term “coccydynia.” Most participants believed that prolonged sitting negatively affects health (94.0%) and that ergonomic workplace arrangements are beneficial (86.6%). Regarding behaviors, 74.6% reported standing up and moving at least once per hour, whereas only 14.9% used ergonomic chairs. Coccygeal pain during the previous 12 months was reported by 40.3% of participants. Among participants, 35.8% reported increased pain while sitting, whereas only 20.9% sought medical attention for coccygeal pain.

Conclusion: Coccydynia-related symptoms were observed among a substantial proportion of medical secretaries. The discrepancy between awareness and the adoption of ergonomic practices highlights the need for institutional workplace interventions. Promoting ergonomic working conditions and increasing awareness of early symptom management may contribute to reducing coccygeal pain and improving occupational health outcomes among sedentary healthcare workers.

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OP-20 DO TRANSFORAMINAL EPIDURAL STEROID INJECTIONS REDUCE THE NEED FOR GABAPENTINOIDS IN PATIENTS WITH LUMBAR RADICULAR PAIN?

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Introduction: Lumbar radicular pain is commonly caused by lumbar disc herniation and is frequently treated with gabapentinoids and transforaminal epidural steroid injections (TFESIs). Although previous studies have compared the efficacy of these treatments, data regarding the impact of TFESI on gabapentinoid use remain limited. This study evaluated changes in gabapentinoid use and pain intensity following TFESI in patients with lumbar radicular pain.

Methods: This retrospective study included patients aged 18–65 years with unilateral, single-level lumbar radicular pain secondary to lumbar disc herniation who underwent single-level TFESI between June 2022 and May 2024. Demographic and clinical characteristics, symptom duration, number of injections, prior lumbar surgery, gabapentinoid exposure before TFESI, and post-procedural medication status were recorded. Pain intensity was assessed using the Numerical Rating Scale (NRS) at baseline and three weeks after the procedure. Magnetic resonance imaging was reviewed to grade nerve root compression.

Results: A total of 321 patients were included. Mean NRS scores decreased from 8.05 ± 1.39 at baseline to 3.58 ± 2.72 at three weeks after TFESI. Among patients using gabapentinoids before the procedure ($n=102$), 51.0% discontinued treatment and 12.7% reduced their dose, resulting in an overall reduction rate of 63.7%. Of patients not receiving gabapentinoids before TFESI ($n=219$), 90.4% remained medication-free. Longer symptom duration was associated with less favorable medication outcomes. Repeated injections were more common among patients who reduced or discontinued gabapentinoid use. High-grade nerve root compression was more frequent in patients with gabapentinoid exposure than in medication-naïve patients.

Conclusion: TFESI was associated with significant reductions in both pain intensity and gabapentinoid use in patients with lumbar radicular pain. Nearly two-thirds of prior gabapentinoid users reduced or discontinued treatment, while most medication-naïve patients remained free of gabapentinoid therapy. Longer symptom duration and high-grade nerve root compression were associated with less favorable medication outcomes.

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OP-21 MORE THAN NEUROMODULATION: ALEXITHYMIA AND PATIENT-REPORTED OUTCOMES IN SPINAL CORD STIMULATION

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Introduction: Spinal cord stimulation (SCS) is an established treatment for refractory neuropathic pain, yet long-term outcomes remain variable despite careful patient selection. Current guidelines recommend routine preoperative psychological assessment; however, there is no consensus on which psychological factors best predict SCS outcomes. While depression, anxiety, and pain catastrophizing have been widely studied, alexithymia remains largely unexplored despite its association with chronic pain and poorer psychosocial functioning. We aimed to investigate the association between alexithymia, broader psychosocial burden, and treatment outcomes following SCS.

Methods: This retrospective observational study presents a preliminary analysis of consecutive patients who underwent permanent spinal cord stimulation (SCS) implantation for chronic neuropathic pain. Baseline assessments comprised the Toronto Alexithymia Scale (TAS-20), Hospital Anxiety and Depression Scale (HADS), Childhood Trauma Questionnaire (CTQ-33), Numeric Rating Scale (NRS), and Short Form-12 (SF-12). Treatment success was defined as a $\geq 50\%$ reduction in NRS at six months. Responders and non-responders were compared using the Mann–Whitney U test and Fisher's exact test, as appropriate. Spearman correlation analyses were performed to evaluate associations between psychometric measures and patient-reported outcomes. Statistical significance was defined as $p < 0.05$.

Results: Fifteen patients were included (10 responders and 5 non-responders). Baseline demographic and clinical characteristics were comparable between groups. Responders demonstrated significantly lower baseline TAS-20 (42.2 ± 8.6 vs 71.2 ± 7.1 ; $p = 0.003$), HADS-A ($p = 0.002$), HADS-D ($p = 0.003$), and CTQ total ($p = 0.003$) scores than non-responders. Higher TAS-20 scores were associated with less pain improvement ($\rho = -0.636$, $p = 0.011$) and smaller improvement in the SF-12 Mental Component Summary ($\rho = -0.669$, $p = 0.006$). TAS-20 also correlated strongly with HADS-A ($\rho = 0.719$), HADS-D ($\rho = 0.713$), and CTQ total ($\rho = 0.723$) (all $p \leq 0.003$), suggesting that alexithymia clusters within a broader psychosocial vulnerability profile.

Analysis of 27 patients (mean age: 45.1 ± 9.8 years, mean VAS: 6.85 ± 2.25) showed no correlation between pain duration/intensity and any psychometric or quality-of-life scores ($p > 0.05$). However, a potent internal network emerged: alexithymia positively correlated with anxiety ($p = 0.471$) and depression ($p = 0.576$). Childhood trauma (CTQ-33) strongly correlated with alexithymia ($p = 0.461$), anxiety ($p = 0.686$), and depression ($p = 0.522$). Patients without a history of a mechanical fall (61.5%) demonstrated significantly higher alexithymia scores than those with a fall history (56.5 vs. 46.0, $p = 0.048$). Exploratory logistic regression confirmed that every 1-point increase in the TAS-20 score increased the odds of having non-mechanical coccydynia by 8.6% (OR: 1.086, $p = 0.046$). Patients with past psychiatric history or active treatment carried significantly higher emotional and trauma loads ($p < 0.05$).

Conclusion: Chronic coccydynia presents distinct mechanical and psychogenic profiles. Pain longevity and severity do not directly drive distress; instead, a parallel network of childhood trauma and adult emotional dysregulation defines non-mechanical cases. Alexithymia serves as a significant predictor of non-fall etiologies, highlighting the necessity of integrating routine psychometric screening into multidisciplinary management.

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OP-22 ALEXITHYMIA IN PATIENTS WITH CHRONIC COCCYDYNIA: EVALUATION OF THE PRESENCE OF ALEXITHYMIA AND ITS RELATIONSHIP WITH CLINICAL PARAMETERS: AN OBSERVATIONAL STUDY

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Introduction: Chronic coccydynia severely limits sitting functionality and impairs quality of life. While initial triggers are biomechanical, localized mechanical variables frequently fail to explain refractory chronicity. This study investigates chronic coccydynia through a biopsychosocial approach, evaluating alexithymia, anxiety, depression, and childhood trauma.

Methods: This prospective, observational cohort included adult patients with chronic coccydynia lasting ≥ 3 months. Following physical and algological examinations, profiling was conducted via Visual Analog Scale (VAS), Toronto Alexithymia Scale (TAS-20), Hospital Anxiety and Depression Scale (HADS), Childhood Trauma Questionnaire (CTQ-33), and 12-Item Short-Form Health Survey (SF-12).

Results: Analysis of 27 patients (mean age: 45.1 ± 9.8 years, mean VAS: 6.85 ± 2.25) showed no correlation between pain duration/intensity and any psychometric or quality-of-life scores ($p > 0.05$). However, a potent internal network emerged: alexithymia positively correlated with anxiety ($p = 0.471$) and depression ($p = 0.576$). Childhood trauma (CTQ-33) strongly correlated with alexithymia ($p = 0.461$), anxiety ($p = 0.686$), and depression ($p = 0.522$). Patients without a history of a mechanical fall (61.5%) demonstrated significantly higher alexithymia scores than those with a fall history (56.5 vs. 46.0, $p = 0.048$). Exploratory logistic regression confirmed that every 1-point increase in the TAS-20 score increased the odds of having non-mechanical coccydynia by 8.6% (OR: 1.086, $p = 0.046$). Patients with past psychiatric history or active treatment carried significantly higher emotional and trauma loads ($p < 0.05$).

Conclusion: Chronic coccydynia presents distinct mechanical and psychogenic profiles. Pain longevity and severity do not directly drive distress; instead, a parallel network of childhood trauma and adult emotional dysregulation defines non-mechanical cases. Alexithymia serves as a significant predictor of non-fall etiologies, highlighting the necessity of integrating routine psychometric screening into multidisciplinary management.

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OP-23 COMPARISON OF ULTRASOUND-GUIDED PERIMENISCAL CORTICOSTEROID AND DEXTROSE INJECTIONS FOR MEDIAL KNEE PAIN IN OSTEOARTHRITIS: A PILOT RANDOMIZED CLINICAL TRIAL

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Introduction: Medial meniscal extrusion, identifiable by ultrasound, represents a clinically relevant periarticular pain source and a potential target for perimeniscal injections. However, the comparative effectiveness of perimeniscal corticosteroid and dextrose injections remains unclear. This pilot randomized trial aimed to evaluate the feasibility, safety, and 12-week effectiveness of ultrasound-guided perimeniscal corticosteroid and 5% dextrose injections in patients with medial knee pain and medial meniscal extrusion due to osteoarthritis.

Methods: Thirty-one patients with knee osteoarthritis and medial meniscal extrusion were prospectively enrolled and randomly assigned to two groups. The corticosteroid group received an ultrasound-guided perimeniscal injection of 40 mg/1 mL triamcinolone acetonide diluted with 4 mL saline, whereas the dextrose group received 5 mL of 5% dextrose solution. Pain and function were evaluated using the Visual Analog Scale (VAS) and the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) at baseline and at weeks 1, 4, and 12 after treatment.

Results: 16 patients in the corticosteroid group and 15 patients in the dextrose group completed the study. Both groups demonstrated significant improvements in VAS and WOMAC scores over time. No significant overall group effects were observed. No significant group × time interaction effect was observed for either VAS or WOMAC. At the 3-month follow-up, 100% of patients in both groups achieved the minimal clinically important difference (MCID) for VAS, while the MCID for WOMAC was reached by 100% and 86.7% of patients in the corticosteroid and dextrose groups, respectively. No adverse events were observed; mild injection-site bruising was noted in a subset of patients.

Conclusion: Both ultrasound-guided perimeniscal corticosteroid and dextrose injections were associated with reduced pain and improved function in patients with medial knee osteoarthritis and meniscal extrusion. Larger studies with longer follow-up are needed to confirm their comparative effectiveness.

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OP-24 KINESIOPHOBIA IN COCCYDYNIA: UNRELATED TO PAIN INTENSITY BUT STRONGLY ASSOCIATED WITH DISABILITY AND QUALITY OF LIFE

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Abstract: Introduction: Kinesiophobia, excessive fear of movement, has not been systematically evaluated in coccydynia. This study aimed to determine the prevalence of kinesiophobia in coccydynia patients using the Tampa Scale for Kinesiophobia (TSK), and to investigate its correlations with pain intensity, functional status, quality of life, and coccygeal morphology.

Methods: This cross-sectional, observational study was performed at a tertiary rehabilitation clinic and involved 144 patients (ages 18–65) with coccydynia. Patients were assessed utilizing the TSK (≥ 37 signifying kinesiophobia), the Numeric Rating Scale (NRS) across ten pain domains, the Paris Functional Coccydynia Scale (PFCS), the Oswestry Disability Index (ODI), and the SF-12 (Physical and Mental Component Summaries). Coccygeal morphology was classified radiologically by type (modified Postacchini-Massobrio), mobility pattern, and spur presence. Parametric and non-parametric tests were applied based on normality evaluation; statistical significance was set at $p < 0.05$.

Results: The mean TSK score was 41.3 ± 7.4 , with 77.1% of patients meeting the threshold for high kinesiophobia. Kinesiophobia showed no significant association with pain intensity across all NRS domains. Concomitant low back pain was the strongest clinical determinant of kinesiophobia (44.5 vs. 39.4; $p < 0.001$), followed by nocturnal pain ($p = 0.012$) and a history of falls ($p = 0.047$). Coccygeal morphology including type, mobility, and spur presence was not associated with TSK scores. Higher kinesiophobia correlated significantly with lower physical and mental quality of life (SF-12 PCS and MCS; both $p < 0.001$), and with greater functional disability (ODI and PFCS; both $p < 0.001$). On multivariable regression, concomitant low back pain, SF-12 PCS, and MCS emerged as independent predictors of kinesiophobia ($R^2 = 0.351$).

Conclusion: Kinesiophobia is highly prevalent in coccydynia, independent of pain intensity, and significantly associated with functional disability and reduced quality of life. Routine kinesiophobia assessment and fear-avoidance interventions should be incorporated into coccydynia management.

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OP-25 OVERLOOKED CONCOMITANT PATHOLOGIES IN COCCYGEAL PAIN: OSTEITIS PUBIS AND GREATER TROCHANTERIC PAIN SYNDROME

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Introduction: Chronic pelvic and coccygeal pain is a multifactorial clinical condition that may originate from the pubic symphysis, sacroiliac joints, periarticular hip soft tissues, and the sacrococcygeal region. The coexistence of different pathologies presenting with similar symptoms may create diagnostic challenges. We present a patient with chronic pelvic and coccygeal pain who was found to have osteitis pubis, greater trochanteric pain syndrome, gluteus maximus atrophy, and peritrochanteric calcifications.

Methods: A 55-year-old woman presented with a 5- or 6-month history of pain radiating from the left hip to the left groin and occasionally to the coccygeal region. The pain was aggravated by movement and positional changes. There was no history of trauma, rheumatologic disease, or significant systemic illness.

Physical examination revealed negative FABER and FADIR tests and normal lumbar range of motion. Neurological examination was unremarkable. Tenderness was detected on palpation of the pubic symphysis, left inguinal region, greater trochanter, and coccygeal region.

Laboratory investigations, including complete blood count, biochemical parameters, erythrocyte sedimentation rate, C-reactive protein, and parathyroid hormone levels, were within normal limits. Only the 25-hydroxyvitamin D level was decreased (11 ng/mL).

Pelvic radiography demonstrated clustered calcific deposits in the left trochanteric region. Magnetic resonance imaging revealed degenerative changes in both sacroiliac joints, more prominent on the left side, bone marrow edema and cortical irregularities of the pubic symphysis, findings consistent with left trochanteric bursitis, dystrophic fibrocalcific foci in the superoposterolateral aspect of the left hip, and atrophy of the left gluteus maximus muscle.

Conclusion: This patient with chronic pelvic, hip, and coccygeal pain demonstrated concomitant osteitis pubis, sacroiliac joint degeneration, peritrochanteric calcifications, and gluteus maximus atrophy. The absence of a definite structural coccygeal abnormality suggests that referred pain originating from the sacroiliac joint and periarticular structures may have contributed to the symptoms. This case highlights the importance of careful evaluation of peritrochanteric calcifications on radiographs and further assessment of accompanying bone marrow and soft tissue abnormalities with magnetic resonance imaging in patients presenting with lateral hip pain.

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OP-26 GANGLION IMPAR BLOCK FOR CHRONIC POSTPARTUM COCCYDYNIA FOLLOWING INSTRUMENTAL VAGINAL DELIVERY: A MID-TERM FOLLOW- UP CASE SERIES

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Introduction: Coccydynia is defined as localized pain in the coccygeal region, typically worsened by sitting and standing movements, and is more common in women. Subluxation and soft tissue injury may occur during forceps- or vacuum-assisted vaginal deliveries and may contribute to the development of chronic postpartum coccydynia (PPC). Therefore, this study aimed to investigate the effects of ganglion impar block on pain and quality of life in cases of PPC developing after forceps or vacuum-assisted vaginal delivery.

Methods: This case series included patients who presented to our clinic with PPC between January 2023 and January 2026 and had a history of forceps or vacuum-assisted vaginal delivery. Patients' age, body mass index (BMI), symptom onset and duration, sacrum and coccyx MRI findings, pre-procedure and 6-month Numeric Rating Scale (NRS) and Short Form-12 (SF-12) scores were recorded.

Results: Seven patients who developed PPC after forceps or vacuum-assisted vaginal delivery were included in the study. The mean age of the patients was 33.9 ± 3.4 years, and the mean BMI was 29.4 ± 3.8 . The time elapsed from symptom onset to pain clinic consultation ranged from 6 months to 3 years. MRI revealed anterior coccygeal angulation in 4 patients, normal findings in 2 patients, and pericoccygeal edema in 1 patient. The pre-procedure NRS score was 8.3 ± 0.5 , while it was found to be 2.7 ± 1.6 at the 6-month evaluation ($p < 0.05$). The SF-12 physical component score increased from 36.5 ± 7.5 pre-procedure to 45.5 ± 5.1 at 6 months ($p < 0.05$). The mental component score increased from 39.12 ± 5.93 to 47 ± 6.4 ($p < 0.05$).

Conclusion: In the present study, ganglion impar block was associated with a reduction in pain intensity and improvement in quality of life. Therefore, ganglion impar block may be considered a potential treatment option for patients with PPC who do not respond to conservative treatment.

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OP-27 TOPOGRAPHIC ANATOMY AND CLINICAL EVALUATION OF THE GANGLION IMPAR

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Introduction: The coccyx is a small, triangular bone that forms the terminal part of the vertebral column and is typically composed of four fused vertebrae. The ganglion impar (Walther's ganglion) is an anatomical structure formed by the convergence of the two sympathetic chains at the midline, representing the terminal point of the truncus sympathicus. Coccydynia is a condition characterized by acute or chronic pain localized in the coccygeal region. This study aims to determine the precise localization of the ganglion impar through detailed cadaveric investigations, to elucidate the topographic anatomy of the region, and to develop a more reliable surgical approach with a higher success rate in addition to the techniques described in the literature.

Methods: The coccygeal region was dissected in seven formalin-fixed cadavers. Subsequently, the specimens were examined under a surgical microscope at 2.5× magnification. Following removal of the overlying fascia, detailed anatomical assessments were conducted to identify the localization of the ganglion impar and to characterize the regional vasculature, the topographic anatomy of the coccyx, the prerectal region, and the course of the coccygeal nerve.

Results: Morphometric analysis revealed a mean coccygeal length of 41.03 mm and a mean coccygeal thickness of 9.22 mm. The ganglion impar was located at a mean distance of 7.88 mm from the sacrococcygeal joint and exhibited a mean thickness of 4.76 mm. The mean lengths of the left truncus sympathicus and coccygeal nerve were 5.37 mm and 12.76 mm, respectively, whereas the corresponding measurements on the right side were 5.82 mm and 12.00 mm. The mean prerectal distance was 20.25 mm.

Conclusion: The ganglion impar was localized approximately 7–13 mm inferior to the sacrococcygeal joint. Approaches performed through the intercoccygeal joint may provide safe and reliable access to the ganglion impar.



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POSTER PRESENTATIONS



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PP-1 A RARE ETIOLOGY OF COCCODYNIA: GIANT CELL TUMOR OF THE COCCYX-A CASE REPORT

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Introduction: Coccydynia is most often caused by trauma, repetitive microtrauma, or idiopathic factors, whereas tumors of the sacrococcygeal region are rare etiologies¹. Giant cell tumors (GCT) are locally aggressive benign bone tumors; sacral involvement is uncommon and, to our knowledge, a primary GCT arising from the coccyx has not been previously reported^{2,3}. We report the first such case, in which definitive diagnosis was delayed for one year.

Case Presentation: A 21-year-old male presented with coccygeal pain persisting for one year. He had previously been evaluated only for the lumbar spine and treated conservatively for a presumed L5–S1 disc protrusion. For the presumed coccydynia, he was subsequently managed with conservative treatment and a coccyx cushion, and -when symptoms persisted- was referred to the algology clinic, where he underwent a ganglion impar block and radiofrequency ablation. Immediately after the procedure, his pain worsened progressively and was accompanied by a burning sensation in the same region, prompting presentation to the emergency department; he was subsequently referred to our clinic. Examination revealed marked coccygeal tenderness (Numerical Rating Scale 10), nocturnal pain, and a sitting tolerance of only five minutes. Dynamic radiography showed a cauliflower-like lesion of the coccyx, and contrast-enhanced MRI demonstrated a 34×31×27 mm lobulated lesion involving the first coccygeal vertebra. Image-guided biopsy confirmed a GCT, and a 10×8×6.5 cm mass was widely excised with tumor-free margins (R0). The patient had no neurological deficits, remained pain-free, completed pelvic floor rehabilitation, and showed no recurrence at three years.

Conclusion: An underlying neoplasm should be considered in coccydynia resistant to conservative treatment, particularly with nocturnal or progressively worsening pain. Plain and dynamic radiographs should be reviewed and suspicious findings evaluated with MRI before any interventional procedure. Appropriate imaging, accurate histopathology, definitive surgery, and structured rehabilitation are key to favorable outcomes in coccygeal GCT.

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PP-2 COCCYGODYNIA AFTER COCCYGECTOMY: SUCCESSFUL TREATMENT OF COCCYGEUS MUSCLE MYOFASCIAL DYSFUNCTION WITH ULTRASOUND- GUIDED TRIGGER POINT INJECTION

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Introduction: Coccygectomy is an effective surgical option for refractory coccygodynia. However, persistent or recurrent coccygeal pain may still occur despite complete removal of the coccyx. In such cases, extraosseous sources, particularly pelvic floor myofascial dysfunction, should be considered. The coccygeus muscle is an often-overlooked pain generator and may mimic post-coccygectomy coccygodynia. This report presents a case of late-onset coccygodynia due to coccygeus muscle dysfunction successfully treated with a targeted intervention.

Case Presentation: A 62-year-old female patient presented with severe coccygeal pain persisting for six weeks after an 18-hour bus journey. She had undergone coccygectomy ten years earlier for coccygodynia. Pain intensity was 10/10 on the Numerical Rating Scale. Imaging showed absence of the coccyx without any pathological findings. Physical examination revealed coccygeal region tenderness, and digital rectal examination demonstrated pelvic floor spasm with a prominent trigger point in the coccygeus muscle. Nonsteroidal anti-inflammatory drugs and muscle relaxants were ineffective. A post isometric relaxation technique as an type of manual treatment provided partial improvement. Subsequently, two sessions of ultrasound-guided trigger point injection were applied to the coccygeus muscle, resulting in complete pain relief. The patient remained symptom-free during long-term follow-up.

Discussion: Persistent coccygodynia after coccygectomy may involve myofascial mechanisms rather than structural pathology alone. Maigne et al. demonstrated that pelvic floor muscle spasm is common in coccygodynia and may respond to manual therapy. The coccygeus muscle can develop trigger points after prolonged sitting or mechanical overload, producing referred coccygeal pain. Trigger point injections are effective in disrupting the pain cycle, and ultrasound guidance improves precision and safety in deep pelvic muscles. In this case, complete resolution after ultrasound guided injection supports a primary myofascial origin.

Conclusion: Pelvic floor myofascial dysfunction should be considered in post-coccygectomy coccygodynia. Ultrasound-guided trigger point injection of the coccygeus muscle combined with rehabilitation may provide durable symptom relief.

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PP-3 EXTRACORPOREAL SHOCK WAVE THERAPY IN THE TREATMENT OF COCCYDYNIA: A NARRATIVE REVIEW OF CLINICAL EVIDENCE

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Introduction: Coccydynia is a painful condition of the coccyx, typically worsened by sitting and positional changes. While conservative treatments such as cushions, analgesics, and physical therapy are first-line, refractory cases often require injections or surgical interventions. Extracorporeal shock wave therapy (ESWT) has emerged as a non-invasive option for musculoskeletal pain. The aim of this review is to summarize current evidence regarding ESWT in chronic coccydynia.

Methods: A literature search was conducted in PubMed and Web of Science (2000–2026) using keywords related to coccydynia and ESWT. Clinical studies involving radial or focused ESWT with reported pain and/or functional outcomes were included. Systematic and narrative reviews were also screened to identify eligible studies and provide context. Studies without coccygeal-specific outcomes or full-text access were excluded. In total, 8 clinical studies were included.

Results: All studies reported significant reductions in pain after ESWT, with consistent decreases in Visual Analog Scale (VAS) scores. Functional improvement was also observed, including reduced Oswestry Disability Index (ODI) scores and improved quality of life. Comparative studies suggested ESWT may provide equal or superior outcomes to steroid injections in selected patients. Both radial and focused ESWT were effective, with slightly better short- and mid-term outcomes reported for radial ESWT in some studies. Common protocols included 3–4 weekly sessions with 2000–3000 shocks per session. Post-treatment care was generally limited to activity modification, analgesics, and supportive cushions.

Conclusion: ESWT appears to be a promising non-invasive treatment option for refractory coccydynia, improving pain and function. However, evidence remains limited and heterogeneous. Further high-quality randomized trials are needed to establish standardized protocols and long-term efficacy.

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PP-4 COCCYDYNIA ASSOCIATED WITH GLUTEUS MAXIMUS TRIGGER POINTS: A CASE REPORT OF DRY NEEDLING INTERVENTION

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Introduction: Coccydynia is a chronic pain condition commonly associated with trauma; however, myofascial components such as gluteus maximus (GM) trigger points may contribute to persistent symptoms. This case report aims to highlight the role of myofascial trigger points in coccydynia and to evaluate the effectiveness of dry needling (DN) as a treatment option.

Case Presentation: A 53-year-old female presented with chronic low back and coccygeal pain that developed after a fall during the February 6, 2023, earthquake, resulting in a coccygeal fracture. Clinical examination revealed increased pain during sitting and marked tenderness over the GM muscle, consistent with active myofascial trigger points and referred pain patterns. DN was applied to the GM using the flat palpation technique.

After 3 sessions over 3 weeks, pain intensity decreased from VAS 8/10 to 3/10. In addition, sitting tolerance and daily activity levels improved, and local tenderness on palpation was reduced.

Conclusion: This case highlights the importance of considering myofascial components in patients with coccydynia and differentiating them from other potential sources of pain. DN targeting GM trigger points resulted in clinically meaningful pain reduction and functional improvement. It may represent an effective and underutilized treatment option in selected patients with a myofascial component.

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PP-5 COCCYDYNIA AND FUNCTIONAL DECLINE ASSOCIATED WITH MEGARECTUM AND MEGACOLON IN A PATIENT WITH SPASTIC QUADRIPLAGIC CEREBRAL PALSY: A CASE REPORT

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Introduction: Coccydynia is pain arising from the coccyx and may result from traumatic, non-traumatic, or idiopathic causes. The etiology includes fractures, dislocations, instability, arthritis, pelvic floor dysfunction, malignancy, and referred pain from surrounding musculoskeletal structures (1). Although trauma is the most common cause, neurological disorders and gastrointestinal pathologies may also contribute to its development (1,3). Individuals with cerebral palsy are particularly susceptible to chronic constipation and megacolon because of immobility, postural abnormalities, and neurogenic bowel dysfunction (4–7). Severe rectosigmoid dilatation may increase mechanical loading on the pelvic floor and sacrococcygeal region, potentially contributing to coccydynia. We present an adult patient with spastic quadriplegic cerebral palsy who developed coccydynia associated with megarectum and megacolon, leading to functional decline.

Case Presentation: A 45-year-old man with spastic quadriplegic cerebral palsy, epilepsy, and megacolon presented with progressively worsening coccygeal pain over two months. Pain severity was 7/10 on the Visual Analog Scale. The patient was wheelchair-dependent, and motor examination revealed muscle strength of 3/5 in all extremities. According to caregivers, he had previously been able to stand with the assistance of two people; however, transfers had become increasingly difficult over the preceding two months, and he was no longer able to stand. No pressure ulcers were detected. The patient had a history of hospitalization for toxic megacolon and ileus one year earlier. Pelvic computed tomography demonstrated marked gas and fecal retention within the rectosigmoid colon, with a sigmoid colon diameter of 10.5 cm and a rectal diameter of 8.6 cm. Computed tomography of the sacrum and coccyx showed no fracture or other osseous pathology. Due to gastrointestinal comorbidities, nonsteroidal anti-inflammatory drugs were avoided. A pressure-relieving coccygeal cushion was prescribed, and multidisciplinary follow-up was planned.

Conclusion: Chronic constipation and megacolon are common gastrointestinal complications in individuals with cerebral palsy and may substantially affect function and quality of life (4–7). In the present case, the absence of sacral or coccygeal fractures suggests that mechanical factors related to megarectum, and megacolon may have contributed to pain generation. Furthermore, increasing pain severity appeared to negatively affect functional capacity, resulting in deterioration of transfer abilities. This case highlights the importance of considering gastrointestinal pathologies in the differential diagnosis of coccydynia in adults with cerebral palsy. Megarectum and megacolon may represent overlooked etiological factors contributing to both pain and functional decline, underscoring the need for a holistic and multidisciplinary approach.



PP-6 INCIDENTALLY DETECTED TAILGUT CYST DURING EVALUATION OF A SACROCOCCYGEAL FRACTURE: A CASE REPORT

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Introduction: Tailgut cysts, also known as retrorectal cystic hamartomas, are congenital lesions arising from embryonic remnants in the retrorectal space. They are frequently asymptomatic and incidentally detected and occur 3–4 times more commonly in women than in men. The usual age at diagnosis is between 30 and 60 years. Although tailgut cysts are generally benign, surgical excision should be considered because of their potential for malignant transformation. When symptomatic, patients may present with low back pain, rectal pain, discomfort while sitting, painful defecation, rectal fullness, urinary frequency, constipation, or changes in stool caliber. On physical examination, a presacral mass may be palpable. Magnetic resonance imaging is particularly useful for predicting benign or malignant features and for distinguishing unilocular from multilocular lesions. Biopsy is generally not recommended because of the risk of infection and potential dissemination of dysplastic cells through the fragile cyst wall.

Case Presentation: A 43-year-old woman presented with coccygeal pain persisting for five days after a fall. The pain increased while sitting on hard surfaces and was accompanied by night pain. Physical examination revealed marked tenderness over the coccyx. Laboratory findings, including inflammatory markers, complete blood count, and biochemical parameters, were within normal limits. Plain radiography suggested a possible fracture. Magnetic resonance imaging demonstrated bone marrow edema at the sacrococcygeal junction consistent with fracture and mild distal coccygeal angulation. Additionally, a 32-mm presacral cystic lesion was incidentally identified, with imaging findings suggestive of a tailgut cyst. Conservative treatment was initiated for the fracture, and the patient was referred to general surgery for surgical evaluation.

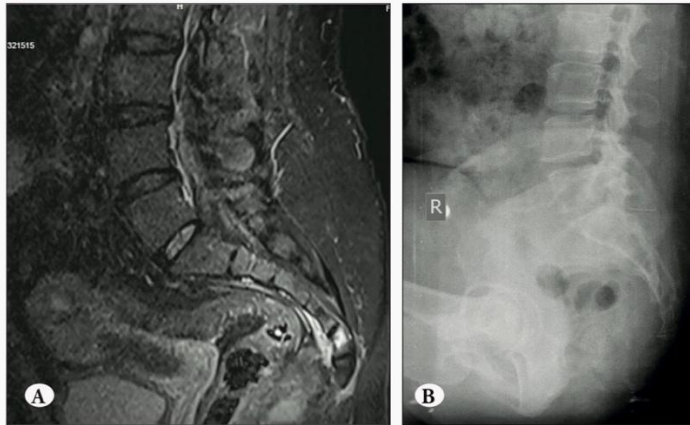


Figure 1. A) Bone marrow edema in the sacrococcygeal region. B) Suspected fracture line on plain radiography of the coccyx.

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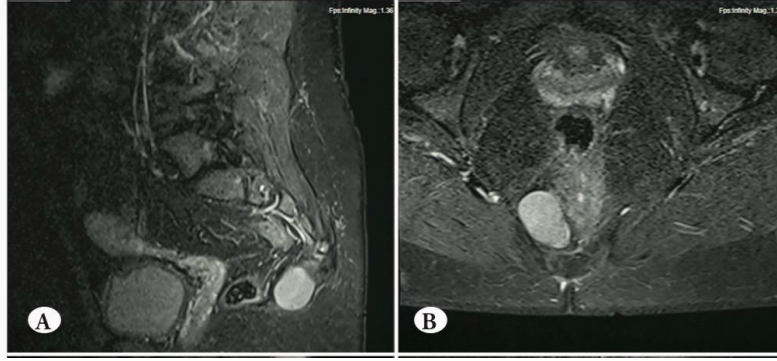


Figure 2. Axial and sagittal MRI images demonstrating the tailgut cyst.

Conclusion: Tailgut cysts may remain clinically silent and be discovered incidentally during imaging studies performed for unrelated conditions. Given their potential for malignant transformation, surgical evaluation should be considered even in asymptomatic patients. This case highlights the importance of carefully evaluating incidental presacral findings detected during imaging performed for trauma-related complaints.

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PP-7 COCCYDYNIA IN AXIAL SPONDYLOARTHRITIS: ANOCOCCYGEAL ENTHESITIS ACCOMPANYING MECHANICAL FACTORS

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Introduction: Although coccydynia is most commonly associated with mechanical causes, its role in inflammatory rheumatic diseases remains poorly understood. We aimed to present the clinical and imaging findings of coccydynia in a patient with axial spondyloarthritis (axSpA).

Case Presentation: A 53-year-old woman had been followed with a diagnosis of axSpA since 2018 and had been receiving golimumab treatment since 2019. In March 2023, she developed coccygeal pain aggravated by sitting, without a history of trauma. Acute phase reactants were within normal limits at presentation. The coccygeal region was evaluated using dynamic radiography, magnetic resonance imaging (MRI), and computed tomography (CT).

Dynamic coccygeal radiographs demonstrated normal mobility with anterior angulation of the coccyx. CT revealed a mildly posteriorly oriented fragment at the distal tip of the coccyx (Figure 1). MRI demonstrated increased signal intensity at the coccygeal insertion of the anococcygeal ligament, accompanied by minimal pericoccygeal fluid signal (Figure 2). Following a local sacrococcygeal joint injection, the patient's symptoms improved significantly.

One year later, due to worsening pain, MRI of the sacroiliac joints was performed and demonstrated active right-sided sacroiliitis like that observed at the time of the initial diagnosis. Hyperintense signal changes around the coccyx were still evident on fat-suppressed sequences. Acute-phase reactants remained within normal limits. Consequently, biological therapy was switched to adalimumab. The patient subsequently achieved clinical remission and continues to be followed in our clinic.

Conclusion: Although the presence of a posteriorly oriented distal coccygeal fragment suggests a mechanical etiology, the increased signal intensity at the coccygeal insertion of the anococcygeal ligament, suggestive of enthesitis, supports a potential inflammatory component. Clinicians should be aware that coccygeal pain in patients with axial spondyloarthritis may not be solely mechanical in origin and may also represent an inflammatory manifestation of the disease.

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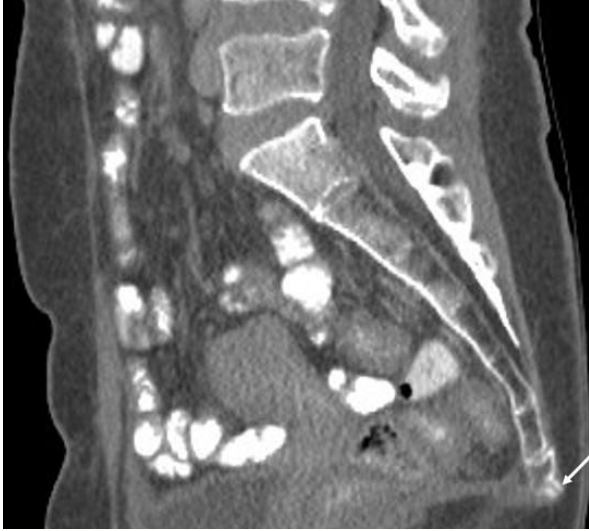


Figure 1. Sagittal CT image of the coccyx demonstrating a mildly posteriorly oriented fragment at the distal coccygeal segment (arrow).



Figure 2. Sagittal fat-suppressed MR image demonstrating increased signal intensity at the coccygeal insertion of the anococcygeal ligament (*) and minimal surrounding pericoccygeal fluid signal (arrow).

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PP-8 DIAGNOSTIC CONFIRMATION AND LONG-TERM NONOPERATIVE MANAGEMENT OF COCCYGEAL OSTEOID OSTEOMA USING COCCYGEAL NERVE BLOCK AND CAUDAL EPIDURAL STEROID INJECTION: A PEDIATRIC CASE REPORT

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Introduction: Osteoid osteoma of the coccyx is extremely rare and determining whether pain truly originates from the coccyx can be challenging. We present a pediatric case in which a coccygeal nerve block (CnB) confirmed the pain generator and caudal epidural steroid injection (CESI) provided long-term symptom control until definitive surgery.

Case Presentation: A 14-year-old girl presented with a two-year history of severe pain occurring exclusively while sitting. Standing and walking were pain-free. Imaging demonstrated an osteoid osteoma of the first coccygeal segment, but surgery was deferred because of coexisting L5 disc bulging. The patient progressively avoided sitting, markedly affecting her quality of life.

To identify the pain source, an ultrasound-guided CnB was performed. Immediately afterward, she achieved complete pain relief and sat comfortably for the first time in two years, which lasted three weeks. Because repeated superficial injections were considered undesirable because of potential subcutaneous complications, CESI was selected for its potential effects on both the coccygeal nerve and plexus. The initial CESI provided six months of relief and repeat injections at 6- to 8-month intervals had a similar benefit. Pelvic floor rehabilitation was also prescribed. At 18 years of age, after skeletal maturity, the patient underwent coccygectomy.

Reported series of CnB show rapid, often complete relief supporting its diagnostic value. However, repeated CnB was considered undesirable because of the potential risk of skin and subcutaneous tissue complications associated with recurrent local steroid injections. CESI was preferred, anticipating a broader therapeutic effect through spread to the coccygeal nerve and coccygeal plexus. A study comparing CnB with GIB found no significant differences in outcomes, suggesting that CnB is a less invasive alternative. Both GIB and CESI are effective treatments for coccygodynia, with CESI achieving pain relief comparable to.

Conclusion: This case demonstrates that CnB can serve as a highly effective diagnostic procedure when the pain generator is uncertain. The combination of CnB and CESI may represent a valuable management strategy for coccygeal osteoid osteoma.

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PP-9 A CASE OF CHORDOMA PRESENTING WITH CHRONIC COCCYX PAIN: DIAGNOSTIC AND TREATMENT ALGORITHM

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Introduction: Chronic coccyx pain (coccydynia) is a condition frequently encountered in clinical practice and is typically managed with conservative methods such as a coccyx support cushion and physical therapy. Persistent pain resistant to treatment may, albeit rarely, mask local, invasive, and progressive malignant bone tumors. In this case report, we aim to present the diagnostic and treatment algorithm for a patient with chronic coccygodynia who was diagnosed with a sacrococcygeal chordoma following pain that did not respond to conservative treatment.

Case Presentation: A 66-year-old male patient presented with a complaint of persistent coccyx pain that had been present for 2 years and had worsened over the past 6 months, with the pain increasing when sitting. It was noted that the patient had been using a donut cushion and undergoing physical therapy for his pain but had not experienced any improvement. A sacro-coccygeal magnetic resonance imaging (MRI) scan was performed for the purpose of differential diagnosis. Imaging revealed a bony mass originating from the sacrococcygeal vertebra, extending into the spinal canal, with lobulated contours, measuring 30x58 mm, and containing an expansive soft tissue component. Following a biopsy performed, the patient was diagnosed with sacrococcygeal chondroid chordoma.

An en-bloc resection (partial sacrectomy with coccygeal excision) was planned for the patient with chondroid chordoma. Pathological examination results confirmed that the surgical margins were clear of tumor. No adjuvant therapy was required. The patient, who is in the first postoperative year, is under close oncological follow-up with regular MRI and CT scans to monitor for local recurrence.

Conclusion: Chronic and intractable coccyx pain that does not respond to conservative treatments should not be dismissed as a simple case of coccydynia. Advanced imaging should be performed without delay to rule out rare but aggressive malignant tumors such as chordoma.

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PP-10 A RARE CAUSE OF COCCYDYNIA: SACRAL CHORDOMA

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Introduction: Coccydynia is a painful condition affecting the coccygeal region and is most commonly associated with trauma. However, biomechanical, degenerative, inflammatory, and neoplastic causes should also be considered in the differential diagnosis, particularly in atypical cases.

Case Presentation: A 77-year-old woman presented with low back, left hip, and coccygeal pain radiating to the left lower extremity. Her medical history included osteoporosis and a previous vertebral compression fracture. She had experienced no significant benefit from prior physical therapy.

Physical examination revealed kyphotic posture and mild weakness of left ankle dorsiflexion (4+/5). Lumbar and hip range of motion were normal, the straight leg raise test was negative bilaterally, and deep tendon reflexes were normoactive.

Review of lumbar magnetic resonance imaging (MRI) demonstrated an unreported mass-like lesion at the S4 level in addition to degenerative lumbar findings. Contrast-enhanced sacral MRI revealed a 36 × 28 × 41 mm expansile solid mass extending from S3 to S5, filling the sacral canal, extending into the presacral space, and causing osseous destruction. The lesion showed hypointense signal on T1-weighted images, hyperintense signal on T2-weighted images, and heterogeneous contrast enhancement. Imaging findings were highly suggestive of chordoma. The patient underwent surgical treatment, and histopathological examination confirmed the diagnosis of sacral chordoma.

Chordoma is a rare malignant tumor arising from notochordal remnants. Although slow growing, it demonstrates locally aggressive behavior and may present with coccydynia, low back pain, or radicular symptoms when located in the sacrococcygeal region. In patients with persistent symptoms, atypical clinical features, or neurological findings, advanced imaging studies are essential to exclude underlying pathologies.

Conclusion: This case emphasizes that, although uncommon, sacral chordoma should be considered in the differential diagnosis of coccydynia, particularly when symptoms are refractory to conservative treatment or accompanied by neurological findings.

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PP-11 ISCHIOFEMORAL IMPINGEMENT SECONDARY TO LESSER TROCHANTER OSTEOCHONDROMA: A CASE REPORT

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Introduction: Ischiofemoral impingement is a recognized but relatively underdiagnosed cause of deep gluteal or posterior hip pain. It results from abnormal narrowing of the space between the ischial tuberosity and the lesser trochanter, leading to compression of the quadratus femoris muscle. In this report, we present a patient with a known lesser trochanter osteochondroma who presented with symptomatic ischiofemoral impingement.

Case Presentation: A 29-year-old woman presented with progressive deep left buttock pain aggravated by walking. She had a previously diagnosed osteochondroma arising from the lesser trochanter and was referred to the pain medicine clinic for further evaluation of her symptoms while surgical management was being considered. Physical examination reproduced her typical pain during ischiofemoral impingement testing. Magnetic resonance imaging demonstrated narrowing of the ischiofemoral space and edema of the quadratus femoris muscle compared with the contralateral side. These findings supported the diagnosis of secondary ischiofemoral impingement. The patient subsequently underwent surgical resection of the lesion. Histopathological examination confirmed the diagnosis of osteochondroma. At the 2-month postoperative follow-up, the patient reported marked improvement in deep gluteal pain.

Secondary ischiofemoral impingement may arise in the presence of structural abnormalities affecting the proximal femur. Both benign and malignant tumours within the ischiofemoral region may alter local biomechanics and contribute to symptomatic narrowing of this space. Although uncommon, osteochondroma-related ischiofemoral impingement has been reported, highlighting the potential for space-occupying lesions to produce pain through indirect compression of the quadratus femoris muscle. Current literature emphasizes multimodal assessment integrating targeted physical examination, advanced imaging, dynamic ultrasonographic evaluation or image-guided interventions and surgery.

Conclusion: This case highlights the importance of clinical assessment in patients with known structural lesions. Recognition of secondary mechanisms such as ischiofemoral impingement may improve diagnostic accuracy and support more individualized multidisciplinary management.

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PP-12 SINGLE-SESSION GANGLION IMPAR BLOCK ENDS TEN YEARS OF REFRACTORY COCCYGODYNIA: A CASE REPORT

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Introduction: Coccygodynia is chronic coccygeal pain most commonly triggered by axial trauma or obstetric injury. Many patients report worsening after vaginal delivery. Conservative measures frequently fail in refractory cases, and coccygectomy carries notable complication risk. Ganglion impar block (GIB) targets the unpaired terminal sympathetic ganglion at the sacrococcygeal junction, with published data reporting at least 50% relief in 82% of cases with a median duration of 6 months. Prospective studies comparing GIB alone versus combined therapy with coccygeal manipulation are warranted. We present a patient with decade-long post-traumatic coccygodynia who achieved complete relief following a single fluoroscopy-guided GIB combined with coccygeal manipulation.

Case Presentation: A 29-year-old female accountant (BMI 20.9 kg/m²) on maternity leave presented with a 10-year history of coccygeal pain beginning at age 18 after axial trauma during a 360-degree kamikaze amusement ride. Pain worsened after vaginal delivery and with prolonged sitting, pushing, and pulling. Prior treatment included three annual corticosteroid injections, cushion support, and intermittent NSAIDs without lasting relief. Pre-procedure examination showed coccygeal tenderness on palpation, pain on rectal coccygeal mobilization, near-normal lumbar range of motion, mild paraspinal spasm, and antalgic gait. Neurological examination was intact. VAS: rest 4/10, sitting 7/10, standing 1/10; pre-procedure VAS 9/10. MRI revealed sacrococcygeal angulation with soft tissue edema. Informed consent was obtained. Under fluoroscopy, GIB was performed via the transsacrococcygeal approach with local anesthetic and corticosteroid, followed by coccygeal manipulation in the same session. Post-procedural VAS: Week 1 – 3/10; Month 1 – 2/10; Month 3 – 0/10; Month 4 – 0/10. Follow-up examination showed complete resolution of coccygeal tenderness and normalization of gait. Neurological status remained intact. This patient achieved full resolution at four months with no adverse events, exceeding published GIB benchmarks.

Conclusion: A single session of fluoroscopy-guided GIB with coccygeal manipulation produced complete, sustained relief in a patient with long-standing post-traumatic coccygodynia. MRI-confirmed sacrococcygeal angulation supports addressing nociceptive and mechanical components together. Prospective studies comparing GIB alone versus combined therapy are warranted.

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PP-13 INTERNAL MANUAL COCCYGEAL MANIPULATION FOLLOWED BY TARGETED PELVIC REHABILITATION IN PATIENTS WITH CHRONIC COCCYDYNIA: A CASE SERIES

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Introduction: Coccydynia is a disabling condition characterized by pain in the coccygeal region, often affecting sitting tolerance, mobility, and daily activities. Chronic cases may remain resistant to conventional conservative management. This case series aimed to evaluate the clinical outcomes of internal manual coccygeal manipulation followed by targeted pelvic rehabilitation in patients with chronic coccydynia across different coccygeal mobility patterns and Postacchini classifications.

Methods: A case series involving 10 patients aged 23–65 years with chronic coccydynia was conducted in an independent physiotherapy clinical setting. Clinical assessment and dynamic radiographic evaluation were used to identify coccygeal dysfunction and classify patients according to Postacchini classification. Patients underwent internal manual coccygeal manipulation over 5–6 sessions aimed at improving coccygeal alignment, mobility, and pain reduction. This was followed by individualized pelvic rehabilitation for four weeks including pelvic floor activation, gluteal strengthening, pelvic tilts, clamshell exercises, hip stabilization exercises, stretching, ergonomic correction, coccyx cushion education, and structured home exercise programs. Follow-up dynamic radiographic reassessment was performed after one month, and additional manipulation sessions (2–3 sessions) were provided when clinically indicated based on persistent dysfunction or residual mobility restriction. Outcome measures included pain intensity using Visual Analogue Scale (VAS), sitting tolerance, and functional improvement.

Results: Most patients demonstrated meaningful reduction in pain and improvement in sitting tolerance following the combined intervention protocol. Functional improvement was observed in prolonged sitting, transitional movements, and daily activities. Patients presenting with pelvic asymmetry and muscular imbalance additionally showed improvement in postural stability and functional control during rehabilitation.

Conclusion: Internal manual coccygeal manipulation combined with targeted pelvic rehabilitation may provide effective symptomatic and functional improvement in patients with chronic coccydynia. Follow-up radiographic reassessment and staged intervention may further support long-term functional recovery in selected patients. This physiotherapy-based conservative approach may serve as a valuable management option for coccygeal pain and dysfunction.

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PP-14 SPINAL CORD STIMULATION IN A PATIENT WITH RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS

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Introduction: Axial spondyloarthritis (axSpA) is a chronic inflammatory disease that may result in secondary structural spinal changes and refractory neuropathic pain. Although spinal cord stimulation (SCS) is an established treatment for chronic neuropathic pain, its use in axSpA has rarely been reported. Here, we present a patient with radiographic axSpA and refractory neuropathic pain secondary to lumbar spinal stenosis who was successfully treated with SCS.

Case Presentation: A 58-year-old male patient presented with severe bilateral lower extremity pain, numbness, and neurogenic claudication, with a walking distance limited to 500 meters. His medical history included two previous lumbar disc surgeries and radiographic axSpA treated with secukinumab. Lumbar magnetic resonance imaging demonstrated spinal stenosis at L4–5 and L5–S1. A caudal epidural steroid injection failed to provide symptom relief. Given persistent symptoms and prior surgical history, SCS was considered. Preprocedural thoracic MRI and computed tomography revealed ligamentum flavum ossification causing posterior epidural space narrowing. During the trial procedure, ossification created significant difficulty during lead advancement; however, successful placement was achieved with the lead positioned at T8. The patient reported approximately 80% pain reduction during the 7-day trial period and subsequently underwent permanent implantation. At 1-year follow-up, pain improved from NRS 10 to NRS 2, accompanied by reduced analgesic requirements and improved daily activities.

Pain in axSpA may arise from secondary structural pathology and neuropathic mechanisms in addition to inflammatory disease activity. Although only a few cases of SCS use in axSpA have been reported, favorable outcomes have been described. Our case further highlights the technical challenges that disease-related spinal ossification may create during lead placement and the importance of preprocedural imaging.

Conclusion: SCS may be considered in selected axSpA patients with refractory neuropathic pain secondary to structural spinal pathology. Careful anatomical assessment is important for procedural success.

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