

DISLOCATION OF THE COCCYX: A CASE REPORT

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A 26-year-old woman presented after a fall down stairs with her three-month-old baby in her arms. She landed in a sitting position. Immediately after the accident she was able

to walk, but attended five hours later because of persistent pain in the anal region.

On examination a step was palpable at the level of the



Fig. 1

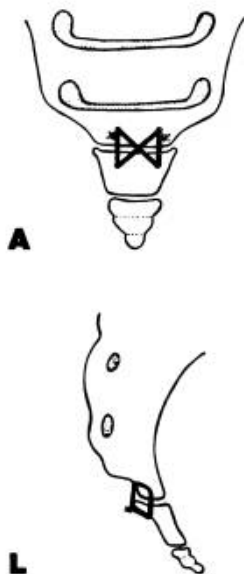


Fig. 2

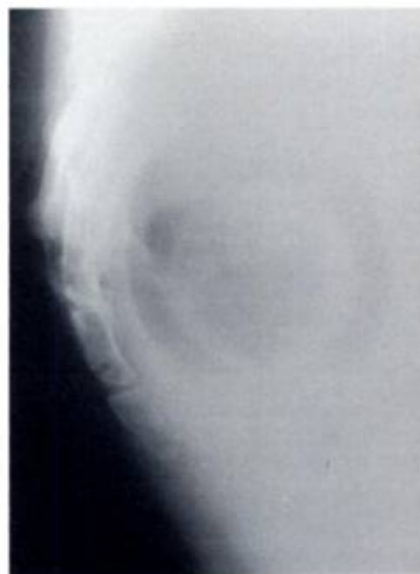


Fig. 3

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sacrococcygeal joint. There was no sign of neurological damage. On rectal examination, the painful displacement of the joint was confirmed. Radiographs showed an anterior dislocation of the coccyx from the sacrum (Fig. 1). After local infiltration of 2% Lidocaine into the dislocated joint, an attempt was made to reduce the dislocation manually, taking care to avoid damage to the rectal mucosa. This manoeuvre proved unsuccessful and the patient was pre-

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pared for an open procedure. Under general anaesthesia and in the knee-elbow position, a central incision was made over the dislocated joint. There was a local haematoma with minor damage to the periosteum. The coccyx was found to be displaced ventrally and 1 cm proximally. Distal traction alone proved ineffective but reduction was achieved using a raspatory as a lever. The sacrum and coccyx were fixed together using four vicryl sutures as tension bands (Fig. 2). Postoperative radiographs confirmed reduction (Fig. 3).

The patient was advised not to sit during the first six weeks after surgery, but rehabilitation was uncomplicated and she had no pain. Radiological examination at six weeks and six months after operation showed normal alignment and at two years she had no complaint.

Discussion. We have been unable to find any publication of

this type of traumatic dislocation. Yamashita (1988) mentioned the condition but his article was not published in English. Fractures are more common, probably because of the normal strength of the ligaments.

The need for surgical reduction may be questioned. Excision of the coccyx is performed for coccydynia (Tilscher et al 1986), but the application of the normal principles of trauma surgery led us to reduce the dislocation with success.

No benefits in any form have been received or will be received from a commercial party related directly or indirectly to the subject of this article.

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