

sweating in the whole leg, which also felt “strange” and unstable.

Diagnostic medial branch blocks and subsequent radiofrequency denervation reduced her lumbar pain and the problems with her leg, including the swelling and sweating, but she still had numbness in the perineal region and could not feel passage of urine. Our interpretation was that the radiofrequency denervation had not completely reduced sympathetic activity caused by the zygapophysial joint pain.

A fluoroscopically-guided ganglion impar block was performed with 4 ml of 0.5% bupivacaine in a manner similar to that of Gunduz et al. [1]. Skin sensitivity in the perineal area reappeared and remained normal for 3 months. During this period, the patient could feel her bladder filling and the passage of urine.

When the lumbar pain recurred, medial branch blocks and radiofrequency denervation reinstated the relief. Loss of sensation in the perineal region, and the bladder problems, recurred at intervals of between 3 and 9

months, but were consistently normalized by repeating the ganglion impar block.

These two cases illustrate that ganglion impar blocks can also be used for purposes other than treating coccygeal pain.

JOHAN HAMBRAEUS, MD

*Smartkliniken Eques Indolor AB, Vallentuna, Sweden*

**References**

- 1 Gunduz OH, Sencan S, Kenis-Coskun O. Pain relief due to transsacrococcygeal ganglion impar block in chronic coccygodynia: A pilot study. *Pain Med* Malden Mass 2015 Jul;16(7):1278–81.
- 2 Hambraeus J, Westergren H. Treatment of post-traumatic pain, and autonomic and muscular dysfunction by ganglion impar block and medial branch block of the facet joints: A case report. *Scand J Pain* 2012;3(4): 238–40.

*Pain Medicine* 2016; 17: 1207–1207  
doi: 10.1093/pm/pnw034



**Reply to the Letter by J. Hambraeus, ‘Ganglion Impar Blocks for More than Coccygodynia’**

Dear Editor,

We would like to thank the author for his kind letter [1]. This letter has been very informative for us and has expanded our understanding of ganglion impar blocks.

In our study [2], we aimed to document our results in ganglion impar blocks for chronic coccygodynia. The etiology of chronic coccygodynia is still not well described. Multiple factors, like trauma and increased BMI, seem to contribute to it. It is sensible to assume that pain patients’ experience is somatosensory in origin. However, how ganglion impar is involved remains unclear. Continuous irritation and inflammation of the ganglion seem to play a part, and this might trigger both somatosensory and autonomic nerves. Further research about the etiology and mechanisms of chronic coccygodynia would help clarify these points and would help improve the effectiveness of interventions.

It must also be kept in mind that chronic coccygodynia is a hard condition to tackle. Given the lack of therapeutic options in chronic coccygodynia and the lack of

publications about the effectiveness of ganglion impar blocks, we believe that our pilot study is an important contribution. Our study is not meant to say that ganglion impar blocks can only be applied in coccygodynia; rather they can also be applied in these groups of patients.

OSMAN HAKAN GUNDUZ, MD, SAVAS SENCAN, MD, and  
OZGE KENIS-COSKUN, MD

*Department of Physical Medicine and Rehabilitation,  
Section of Pain Medicine, Marmara University School  
of Medicine, Istanbul, Turkey*

**References**

- 1 Hambraeus J. Ganglion impar blocks for more than coccygodynia. *Pain Med* 2016; 1206–7.
- 2 Gunduz OH, Sencan S, Kenis O. Pain relief due to transsacrococcygeal ganglion impar block in chronic coccygodynia: A pilot study. *Pain Med* 2015;16: 1278–81.