effect of coccyx manipulation on coccygodinia, dysuria, dyspareunia and dyschesia.

Georges NELISSEN D.O.
cocygeal lesion

- Abnormal mobility
- pain
- functional trouble.

Dynamic X-ray analysis both in standing and sitting position.

Range of motion of the coccyx is measured in degrees (angle ABC): solid line = standard film, Dotted line = coccyx in the sitting position.  
A = apex of the angle located at the caudal part of the sacrum.
320 patients suffering from coccygodynia
47 asymptomatic patients.

Normative data: 47 subjects asymptomatic (0° to 22°)

1. Hypermobility: 53: 20% (22° to 25°)
2. Back luxation: 89: 28% (+25°)
3. Front luxation: 9: 3% (-0°)
4. Idiopathic coccygodynia: 119: 41% (0° to 22°) with pain
5. Coccygeal spicule: 15% of the cases of coccygodynia, an named it a "spicule"
Five lesions

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An increased body mass index is a risk for coccydynia.

Causes and mechanisms of common coccydynia: role of body mass index and coccygeal trauma.
Maigne JY, Doursounian L, Chatellier G.
Department of Physical Medicine, Hotel-Dieu University Hospital, France.

Three 3 types of treatments(1,4,8,11,12):
1. Manual treatment
2. Injections
3. Surgical solution as "Coccygectomy"

8. Maigne JY, Lapauw O, Doursounian L.
Wray CC, Eason B, Husband J.
Among the sixty recent references found, six mention the muscle spasm of the **pubo-rectalis syndrome** (22)(23)(24)(25) type associated with pain (16) (20).

### Thiele G.

**JAMA. 1937;109:1271**

*Coccygodynia and pain in superior gluteal region and down back of thigh. Graduation by tonic spasm of levator ani, coccygeus and piriformis muscles and relief by massage of these muscles*.

### Aim of the study:

Coccygodynia is sometimes a very painful condition. It can be associated with dyschezia, dysuria or dyspareunia. The aim of this study is to evaluate the effect of osteopathic manipulations of the coccyx on pain and on the associated symptoms.

### Only one author underlines the importance of pregnancy and childbirth for the future of the coccyx.


### Typically female affection


**Clinical and radiological differences between traumatic and idiopathic coccygodynia. Kim NH, Suk KS.**

**A typical female affection**

**Thiele G.**

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### Traumatic : 8.1%/5.1% Idiopathic 11.1%/4.8%


**Clinical and radiological differences between traumatic and idiopathic coccygodynia. Kim NH, Suk KS.**

18/2
Material and method:
The studied population comprises 105 patients with coccygodynia average age 57 extremes 17-67. All the patients were females.

The diagnosis of coccygodynia was made by a physician who sent us the patient. This diagnosis was confirmed by our clinical examination.

Pain was present in 105 patients. Pain was isolated in 20 patients.

Pain was associated
1- with dyschezia in 62 patients,
2- with dysuria in 40 patients
3- and with dyspareunia in 20 patients.

Sim’s position
The aim of the manipulation is to move the coccyx to the rear.
Each session consists in doing this mobilisation 3 times.

The frequency of the sessions is one per week.

The average number of sessions necessary to treat the patient was 12 (extremes: 3 and 34).

Results
The evaluation of the treatment was done by the physician who had made the diagnosis of coccygodynia.

Results
Coccygodynia disappeared in 80 of 105 patients.
Dyschezia was cured in 51 of the 62 patients.
32 out of 40 patients had no more dysuria.
Dyspareunia disappeared in 19 of the 20 patients.

Conclusions
Coccygodynia can induce side effects in the three axes of the female perineum (urological, gynaecological and coloproctological axes).
Thank You...