

the local anesthetics. Thus, we believe it would be most accurate to summarize as follows: "For patients with coccydynia, ganglion impar local anesthetic blocks provide proven relief in both pain and depression. Injecting corticosteroids in addition to the local anesthetic provides even more substantial relief in both pain and depression."

We hope that our comments will prompt further discussion on Sencan's wonderful research article.

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

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Author's reply

Savas Sencan¹, Ipek Saadet Edipoglu¹, Fatma Gul Ulku Demir², Gunay Yolcu³, and Osman Hakan Gunduz¹

¹Department of Physical Medicine and Rehabilitation, Division of Pain Medicine, Faculty of Medicine, Marmara University, Istanbul, Turkey

²Department of Physical Medicine and Rehabilitation, Kayseri City Hospital, Kayseri, Turkey

³Department of Physical Medicine and Rehabilitation, Faculty of Medicine, Marmara University, Istanbul, Turkey

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DEAR EDITOR

We would like to thank the authors for their interest in and constructive input for our article, "Are steroids required in the treatment of ganglion impar blockade in chronic coccydynia? A prospective double-blinded clinical trial" [1]. We appreciate the point raised by the authors that the

ORCID

Patrick M. Foye, <https://orcid.org/0000-0002-0889-7700>

Marielle R Araujo, <https://orcid.org/0000-0001-8987-6460>

Gurbind Jussa S Sidhu, <https://orcid.org/0000-0002-4168-124X>

REFERENCES

1. Sencan S, Edipoglu IS, Ulku Demir FG, Yolcu G, Gunduz OH. Are steroids required in the treatment of ganglion impar blockade in chronic coccydynia? A prospective double-blinded clinical trial. *Korean J Pain* 2019; 32: 301-6.
2. Foye PM. Ganglion impar injection techniques for coccydynia (coccyx pain) and pelvic pain. *Anesthesiology* 2007; 106: 1062-3.
3. Foye PM. New approaches to ganglion impar blocks via coccygeal joints. *Reg Anesth Pain Med* 2007; 32: 269.
4. Foye PM. Ganglion impar blocks for chronic pelvic and coccyx pain. *Pain Physician* 2007; 10: 780-1.
5. Foye PM, Patel SI. Paracoccygeal corkscrew approach to ganglion impar injections for tailbone pain. *Pain Pract* 2009; 9: 317-21.

reference in the abstract section to the steroids being 'required' may be misleading and it may be helpful to clarify that section to reflect our findings in respect of the use of local anesthetic with steroid (*i.e.*, group SL) in comparison to the use of local anesthetics without steroid (*i.e.*, group L). As the authors rightfully pointed out, it is correct that during the follow-up periods, in addition to group

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SL, group L also showed improvement in all parameters. However, compared to group L, we detected in group SL a significantly greater decrease in the NRS (Numeric Rating Scale) and Beck test scores in the 1st and 3rd months. We further observed, in our previously published study, that ganglion impar blockade using steroids has an efficacy lasting up to 21 months (rather than the median duration of 6 months) [2]. On the basis of our findings of significant improvements (as discussed above), we wanted to express in the abstract that it would be recommended to use steroids in order to achieve such results. Even though we may not have been able to articulate the entire analysis in that section due to the limited number of words, we hope that the discussions in our paper provide a clear analysis of the two approaches (*i.e.*, local anesthetics with and without steroids). Further studies with a follow-up period of more than 3 months will clarify this issue.

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ORCID

Savas Sencan, <https://orcid.org/0000-0001-8150-0581>

Ipek Saadet Edipoglu, <https://orcid.org/0000-0002-3510-5991>

Fatma Gul Ulku Demir, <https://orcid.org/0000-0003-4160-8568>

Gunay Yolcu, <https://orcid.org/0000-0002-8545-7821>

Osman Hakan Gunduz, <https://orcid.org/0000-0002-3214-803X>

REFERENCES

1. Sencan S, Edipoglu IS, Ulku Demir FG, Yolcu G, Gunduz OH. Are steroids required in the treatment of ganglion impar blockade in chronic coccydynia? A prospective double-blinded clinical trial. *Korean J Pain* 2019; 32: 301-6.
2. Gunduz OH, Sencan S, Kenis-Coskun O. Pain relief due to transsacrococcygeal ganglion impar block in chronic coccygodynia: a pilot study. *Pain Med* 2015; 16: 1278-81.

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Correspondence

Ipek Saadet Edipoglu

Department of Physical Medicine and Rehabilitation, Division of Pain Medicine, Faculty of Medicine, Marmara Üniversitesi Tıp Fakültesi Pendik Eğitim ve Araştırma Hastanesi Ağrı Bilim Dalı Fevzi Çakmak Mahallesi, Muhsin Yazıcıoğlu Cd No:10, 34899 Pendik/İstanbul, Turkey
Tel: +90-216-625-45-45, Fax: +90-216-414-47-31,
E-mail: dripeks@yahoo.com