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CORRESPONDENCE

Fluoroscopy during coccygectomy for rectal cancer

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Dear Sir,

We read with great interest the excellent article by Simpson et al. entitled, "Sacrococcygeal Dimensions and Curvature Are Associated With Resection Quality in Rectal Cancer Excision" published in Techniques in Coloproctology [1].

We were impressed by the diligence with which the researchers used preoperative and postoperative imaging studies to demonstrate "the challenges facing the surgeon… in adequately identifying the extent of the coccyx to guide coccygectomy." They noted that intended coccygectomy "was often incomplete with a significant proportion of coccyx remaining in most cases." Indeed, they reported average coccygeal lengths of 41 mm preoperatively versus 33 mm postoperatively, showing that an average of 80% of the coccyx was left in place.

At our University-based Coccyx Pain Center, we often see coccydynia patients in whom prior attempts at complete coccygectomy inadvertently resulted in only partial, incomplete coccygectomy (often with residual tailbone pain) [2, 3].

We humbly suggest that surgeons should consider intraoperative fluoroscopy to aid them in assessing the completeness of the coccygectomy during these surgeries. We would greatly appreciate hearing from Simpson and colleagues regarding this option.

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Compliance with ethical standards

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Ethical approval This article does not contain any studies with human participants or animals performed by any of the authors.

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