Retro-Inferior Coccygeal Adventitious Bursa (Hadoti Bursa): A Study of Three Cases

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Abstract It is not unusual to encounter callosity at deformed bony pressure points such as at lateral malleolus of ankle or head of first metatarsal in hallux valgus. Herein, we report for the first time posterior inferior coccygeal adventitious bursa (from Hadoti area of Jhalawar in Rajasthan, India) presenting as a painless nonprogressive swelling of significant size encountered in three patients.

Keywords Abnormal coccygeal anomaly/topography presenting as pseudobursa · Adventitious bursa proximo-posterior to natal cleft · Hadoti bursa

Case Report

Patients AR, CG, and RS were of 18–25 years of age group and male. All three patients presented on account of

palpable painless nonprogressive swelling posteroinferiorly to the area of coccyx. The examination revealed the immobile swelling to be soft, fleshy, and mildly compressible without fluctuation and non-transilluminant. The midline length of swelling size varied from 2.5 to 3 cm and about 2.5 cm in width (Fig. 1) as per the coccygeal pressure area involved on sitting in these abnormal anteriorly curved coccyx toward the lesser pelvis or direct vertical topography of coccyx from sacrococcygeal joint distally (Figs. 2 and 3) such that the patient was made to sit on distal coccyx. Bimanual examination with gloved fingers in the anal canal and another placed externally over the swelling revealed the close proximity to the inferoposterior surface of coccyx.

Discussion

Normally coccyx is in line of concave sacral curvature toward lesser pelvis. In these three patients, it was well observed that the coccyx was unduly deflected in anterior curvature toward lesser pelvis or was directly vertical from the sacrococcygeal joint such that made the patient to sit directly on coccyx which is very unusual. This marked anterior curvature of coccyx to the sacrum or direct vertical configuration of coccyx to the sacrococcygeal joint appeared to be since birth and the patients were ignorant of the same till they presented in adult life on account of abnormal swelling at coccygeal area, proximo-posterior end of natal cleft

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Fig. 1 Soft tissue shadow of adventitious bursa over and inferior to the last piece of coccyx

Fig. 2 Lateral views x-ray sacrococcygeal area demonstrate A. *Upper arrow* shows abnormal acute anterior deflected coccyx from sacrococcygeal joint, B *inferior arrow* shows soft tissue shadow of adventitious bursa overlying the coccyx

Fig. 3 X-ray lateral view sacrococcygeal area A. *Upper arrow* shows coccyx is vertical to sacrococcygeal joint, B *lower arrow* shows soft tissue shadow of adventitious bursa over and inferior to the last piece of coccyx, C *Black arrow* shows the last piece of coccyx

observed by others. All these patients were advised not to worry about this swelling as this is subserving a natural cushion to the deformed coccyx. Operative excision of coccyx along with adventitious bursa was not advisable.

Conclusion

Since birth, abnormal configuration of coccyx to the sacrococcygeal joint with excessive acute concave curvature towards lesser pelvis or direct vertical topography leads to its impingement over to the sitting posture just proximal to natal cleft which is unusual. The retroinferior coccygeal bursa (Hadoti Bursa) develop in midline postero-inferior to coccyx proximal to natal cleft and which now act as a natural cushion to the bony point. Three such cases are reported in this study for the first time.