Meralgia paresthetica: an under-appreciated clinical entity.

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Introduction

• Entrapment of the lateral femoral cutaneous nerve, is an under-appreciated entity that is encountered in a typical neurosurgical clinic.
Methods

• Records were queried for instances of decompression of the lateral femoral cutaneous nerve at a single institution

• Four instances of lateral femoral cutaneous neurectomy were performed at our institution over the previous 2 years.
Results

- Etiologies of lateral femoral cutaneous neuropathy were most commonly due to iatrogenic trauma, following hip, prostate, and gynecologic surgery. The fourth individual developed the syndrome after prolonged use of military-issued equipment that is worn around the waist.
Results

• 36 y.o. female with recent Cesarean section three months ago.

• Progressive dysesthesias and paresthesias in the distribution of left lateral femoral cutaneous nerve.
Figure 1: Preop. Lateral thigh region of numbness and disabling paresthesias.
Figure 2: Operative site with incision marked, including extensions (ASIS = anterior superior iliac spine). (→) denotes previous obstetrics incision
Figure 3: Intraoperative photo of LFCN and its relations
Figure 4: LFCN is given crush injury with hemostat, individual remnant fascicles are fulgurated with bipolar forceps, then retracted into peritoneal cavity.
Results

- Distal nerve is split in half, sutured end-to-end to effect an centro-centro anastomosis, promoting Wallerian degeneration and avoiding collateral sensory sprouting.
Discussion

• Meralgia paresthetica, also known as Bernhardt-Roth syndrome, is periodically encountered in the neurosurgical clinic. It may mimic lumbar radiculopathy, however clinical findings include no motor deficit or loss of reflex.

• A Tinel’s sign may be elicited by palpation near the anterior superior iliac spine, and EMG findings may include decreased sensory nerve action potential in the lateral femoral cutaneous nerve.

• Ultrasound-guided injection should be considered a mainstay that is both diagnostic and therapeutic. Should this prove inefficacious, the surgical options of neurolysis and/or neurectomy may be entertained.
Summary Points

• Meralgia paresthetica is encountered after iatrogenic procedures and trauma.

• Surgical intervention after failed non-operative treatments are durable with excellent outcomes.