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MERALGIA PARESTHETICA

What is meralgia paresthetica?

Meralgia Paresthetica (MP) is a condition where the lateral cutaneous nerve of the thigh (LCNT) becomes entrapped causing pain, numbness, tingling, and sensory loss over the outer edge of the thigh.

What does the research say about MP being related to certain activities?

The literature discusses potential causes due to activities such as gymnastics, soccer, baseball, body building, and strenuous exercise, however no true mechanism of injury is discussed.

What is the pathway of the LCNT?

The LCNT starts from the lumbar plexus originating from L1, L2, and L3 of the lumbar spine. This nerve bundle emerges at the lateral border of the psoas muscle, crosses the iliacus muscle towards the ASIS (anterior superior iliac spine of the pelvis). From there, it passes under the inguinal ligament, over the sartorius muscle and then emerges at the lateral thigh dividing into anterior and posterior branches. This nerve serves mainly as sensory nerve. It is worth noting there can be anatomical variance in this nerve pathway.

What are some potential causes of MP?

MP can be caused by mechanical compression related to obesity (BMI>30), pregnancy, tight clothing, certain military and police uniforms, seatbelts, direct trauma, muscle spasms, scoliosis, iliacus hematoma, and leg length changes. Conditions such as diabetes mellitus, alcoholism, and lead poisoning have also been linked. MP can also be a post-surgical complication related to spine and hip surgeries (anterior arthroplasty and resurfacing in particular).

What can else can aggravate MP?

MP can also be aggravated by prolonged standing and walking, relieved with sitting. Increased anterior pelvic tilt may also be associated with MP and tight hip flexors.

What are some conditions that must be considered with MP?

Spinal stenosis, disc herniation, and lumbar nerve root radiculopathy must be considered as differential diagnoses.

What are some orthopaedic tests that are specific for MP?

Pelvis compression, neurodynamic testing, and tinnel's are all tests for MP.

What are some non-surgical treatment options?

First line treatment options according to the literature include NSAIDs, protecting the area, avoiding compression of the area, and manual and exercise therapy (including modalities). Pulsed radio-frequency ablation and nerve blocks may also be considered. Some of the conservative treatment options included in case studies are Active Release Technique, pelvic mobilization/manipulation, myofascial release for the rectus femoris and iliopsoas, transverse friction massage of the inguinal ligament, stretching exercises for the hip and pelvic musculature, and pelvic stabilization/abdominal core exercises.

What are some surgical options?

Surgical options may include neurolysis and resection.