

[IMAGE]

Dynamic Chiropractic – March 10, 1997, Vol. 15, Issue 06

Meralgia Paraesthetica

By Moses Sweis

Meralgia paraesthetica, also known as lateral femoral cutaneous nerve entrapment, is a condition that afflicts many females. It produces pain of the dysesthesia type. The area affected becomes very sensitive to even light touch. The patient gets a sensation of burning, tingling at an area that is localized to the anterior lateral thigh, between the inguinal ligament and the knee. The pain is usually triggered by prolonged standing or sleeping in a particular position, and relieved by change in position. There is no motor involvement, therefore there is no muscle atrophy or reflex change.

The lateral femoral cutaneous nerve is formed from the L2, L3 nerve roots. It exists under the inguinal ligament and supplies the sensory component of the skin at the anterior, lateral, and posterior areas of the thigh. This nerve can be compromised under the inguinal ligament by obesity, trauma, pregnancy, tight clothing or a tight belt. Also, Evans' *Illustrated Essentials in Orthopedic Physical Assessment* states that "Like other entrapment neuropathies, lateral femoral cutaneous nerve entrapment is apt to occur with metabolic disorders, which may make the peripheral nerves vulnerable to pressure."

Another complication to this condition is its ease to be misdiagnosed as a L2/L3 nerve root compression syndrome. With nerve root involvement, you would also have motor dysfunction, which is not present with this condition.

To illustrate this, let's take an actual case I worked with just a few months ago. A 30 year old, 133-pound female of 64 inches in height presents to my office complaining of pain in her left thigh. She describes the pain as a numbness, pins and needles sensation that burns upon touch. This has been present for over six years and localized to the distal 1/3, anterior/lateral surface of the left thigh. A worse position for the patient is lying on her left side with the knee flexed. Physical, neurological, and orthopedic testing revealed no abnormalities, other than abnormal dysesthesia at the area mentioned above. What complicates the etiology even more is that the patient is not obese, not pregnant, doesn't wear tight clothing and, overall, is healthy. She states that her previous chiropractor had treated her low back for over 10 visits with no progress. As a matter of fact, her condition got worse after the last few visits. Obviously, from her case history, I came to

the conclusion that her previous DC had misdiagnosed her condition as a nerve root compression syndrome, not meralgia paraesthetica which my examination revealed.

Knowing the low success rate of treatment for this condition, I explained the prognosis to the patient and began treatment. The treatment involved ultrasound over the inguinal ligament, muscle stretching of the anterior and lateral thigh and chiropractic adjustments to the spine. After a few treatments, deep tissue massage was implemented. She was also given vitamin B6 as nutritional support. The patient showed some progress with some days no dysesthesia felt. But unfortunately, towards the end of her treatment plan, her condition regressed to its normal stage.

If any doctor knows of a treatment other than what was presented here and is successful for treating this condition, your input would be appreciated by me, my colleagues, and most certainly the patient.

References

- Evans RC. *Illustrated Essentials in Orthopedic Physical Assessment*. St. Louis: Mosby, 1994 (pg. 322).
- Agur AMR. *Grant's Atlas of Anatomy*. Baltimore: Williams and Wilkins, 1991: 138, 164, 263.
- Van De Graff KM, Fox SI. *Concepts of Human Anatomy and Physiology*. Dubuque: Web, 1986: 494.

Moses Sweis, BS, DC

13140-A Central S.E.

Albuquerque, New Mexico 87123

(505) 323-8029



Page printed from:

http://www.chiroweb.com/mpacms/dc/article.php?id=38154&no_paginate=true&p_friendly=true&no_b=true