



MERALGIA PARESTHETICA

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Meralgia Paresthetica (MP) is a nerve disorder characterized by tingling, numbness, or burning pain in the outer thigh area. It most commonly occurs on one side, but in 20% of cases it appears bilaterally. While MP most commonly affects men and women between 40 and 60 years of age, it does appear in children.

It is most commonly caused by entrapment or damage to the lateral femoral cutaneous nerve (LFCN), which is susceptible to irritation along its pathway to the skin. This nerve gives sensation to the lateral or anterolateral upper thigh. MP is most commonly described as a condition in which symptoms improve with sitting and worsen with standing and hip extension. However, many patients note no relationship to position. The incidence of MP is increased in patients who are obese, diabetic, and/or pregnant, due to the increased pressure on the LFCN. There have been many other reported causes of MP including acute appendicitis, iliacus hematoma, simvastatin induced, poorly fitting clothing, lipoma over the sartorius muscle, holster with a pistol, and surgical procedures in the inguinal region.

Patients suspected of having MP should have a complete history and physical exam. Patients are commonly asked about external compression in the lower hip region from belts, corsets, or tight pants. Patients are also asked about previous surgeries to the inguinal region or spine. On physical exam patients with MP commonly have pain with pressure over the anterior-inferior hip region. Another reliable physical exam test is the pelvic compression test. During this test the patient is laid down on the side without symptoms. The examiner then applies downward pressure on the hip bone for 45 seconds to see if symptoms improve. The improvement of symptoms during this test is thought to be due to reduction of pressure on the LFCN.

Because of the increased rate of diabetes mellitus in patients with MP, many practitioners evaluate for elevated glucose levels. Thyroid function and lead blood tests are also ordered if clinical suspicion indicates because there is a correlation between hypothyroidism, lead poisoning, and MP. If no cause can be found based on history, internal imaging can be performed to rule out masses or spine defects.

Symptoms produced by MP are initially controlled with conservative therapies including nonsteroidal anti-inflammatory drugs such as Advil, weight loss, avoiding tight clothing, and protection around the lower hip region. If pain continues with these measures, lidocaine/methylprednisolone injection has been shown to provide lasting benefit in most patients. Additional interventional measures have shown success in case reports including botulinum toxin injections, pulse radio frequency, and spinal cord stimulation. Some topical treatments have had success, including capsaicin cream and lidocaine patches, as well as oral medications such as tricyclic antidepressants and gabapentin. Alternative therapies include physical therapy, KinesioTaping, and acupuncture. While the above mentioned therapies are usually all that are needed to alleviate symptoms, surgical interventions with neurosurgery or orthopedic surgery have been tried with success and can be discussed.

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