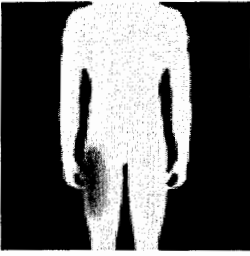


Meralgia paresthetica (Burning Thigh Pain)

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Area of discomfort

Nerves bring information about the environment (sensory nerves) and messages from the brain to activate muscles (motor nerves). To do this, nerves must pass over, under, around and through your joints, bones, and muscles. Usually, there is enough room to permit easy passage, but swelling, trauma, or pressure can narrow these openings and squeeze the nerve. When that happens, pain, paralysis, or other dysfunction may result.

Meralgia paresthetica (me-ral'-gee-a par-es-thet'-i-ka) is caused by entrapment of the lateral femoral cutaneous nerve as it passes from the pelvis into the leg. It is also known as lateral femoral cutaneous nerve syndrome. It is characterized by a constellation of symptoms including unpleasant sensations called dysesthesias in the upper lateral thigh. The pain is often burning in character, but can also be prickly, tingly, "creepy-crawly" or even itchy. Patients suffering from meralgia paresthetica will often avoid any contact of clothing with the affected area. The pain of meralgia paresthetica is often exacerbated by sitting or squatting for long periods of time. Wide belts and obesity have also been implicated as inciting factors for development of the syndrome. Meralgia paresthetica is usually unilateral (one-sided) but can occur bilaterally, especially in the obese patient.

Signs and Symptoms

- Pain on the outer side of the thigh, occasionally extending to the outer side of the knee
- A burning sensation, tingling, or numbness in the same area
- Occasionally, aching in the groin area or pain spreading across the buttocks
- Usually only on one side of the body
- Hypersensitivity when skin is brushed or touched.

Diagnosis

Diagnosis is typically made based on the symptoms and physical exam findings. Occasionally imaging studies (X-ray, CT, MRI) of the back, pelvis or hip may be ordered. X-rays will help identify any bone abnormalities that might be putting pressure on the nerve. If your physician suspects that a growth such as a tumor is the source of the pressure, you may need to get an MRI or CT (computed tomography) scan. In rare cases, a nerve conduction study may be advised.

Treatment

Treatments will vary, depending on the source of the pressure. It may take time for the burning pain to stop and, in some cases, numbness will persist despite treatment. The goal is to remove the cause of the compression. This may mean resting from an aggravating activity, losing weight, wearing loose clothing, or using a toolbox instead of wearing a tool belt. Topical pain agents and oral medications can be taken to reduce the nerve pain. In more severe cases, your physician may give you an injection of a corticosteroid preparation to reduce inflammation. This generally relieves the symptoms for some time. In rare cases, surgery is needed to release the nerve.

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