INTERMITTENT LOWER LEG NEUROPATHY IN A 21-YEAR-OLD MALE FOOTBALL PLAYER

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Intro/Personal Data: The purpose of this study is to report the onset of neuropathy secondary to an unknown mechanism. A twenty-one year old male football player with no history of low back injuries reported numbness and tingling in his left lower leg from the knee to the plantar aspect of his foot. The patient had no recollection of an incident that could have caused his pain or the abrasion on his lower back.

Physical Signs & Symptoms: The signs and symptoms were worse in the morning and disappeared by noon each day. Upon observation there was a three-inch abrasion over L5-S1 region. The patient had no pain in his low back but reported stiffness across lumbar region mainly on the right side and was point tender and had slight edema on his right side from L3-S2. Patient had increased skin temperature along the lumbar region. Dermatomal testing showed a decrease in sensation over the left planter aspect of his great toe and lateral plantar aspect of his foot primarily over the L5 dermatome. The patient had a positive Valsalva test, unilateral straight leg raise test, and FABER test, but strength was normal.

Differential Diagnosis: After initial evaluation, the three injuries that were noted as possibilities were a Disc Pathology, L5 Radiculopathy or L5 Neuropathy.

Clinical Course: Following physician instructions conservative treatment was initiated including NSAIDS, modalities, and flexibility. Full return to play was permitted as long as numbness and tingling did not increase. The patient had a decrease in neurological symptoms with treatments, but after approximately three weeks the patient continued to have residual mild tingling to left foot although the symptoms in his low back had nearly dissipated.

Deviation from the Expected: The athlete had an onset of neurological symptoms from an unknown MOI, although he also presented with low back inflammation. Further testing of patient’s lumbar region revealed a right L5 Pars defect that does not appear to be linked with patients residual neuropathy on left side. Patient continued full football activity but neurological symptoms were closely monitored. Patient was instructed to continue cryotherapy and stretches as needed.

Results of Diagnostic Imaging: An MRI was performed after approximately 3 weeks of conservative treatment and revealed that there was a right Pars Defect at L5, with no disk pathology noted.

Key Words: Pars Defect, Neuropathy, Radiculopathy