Meralgia Paresthetica in a Male Collegiate Lacrosse Player

Blanchard A, Donnelly P, Koesterer T: S.U.N.Y. Cortland, Cortland, NY

**Background:** A 21-year-old collegiate male lacrosse player, without any previous history of hip injury, was struck on the outside of his right hip with his foot planted and externally rotated. The athlete stated he felt a “pop” and that he thought his hip popped out and went right back in. Objective findings included: antalgic gait, mild palpable swelling and tenderness to palpation of the lateral and anterior aspects of the greater trochanter, with limited AROM in flexion, extension and circumduction due to pain. **Differential Diagnosis:** The athlete had signs and symptoms consistent with a hip sprain, but a labral tear could not be ruled out. **Treatment:** The physician's assessment yielded a diagnosis of right hip sprain. Labrum injury was excluded due to the lack of mechanical symptoms (popping, clicking, and catching) after the initial injury. The athlete was cleared for a functional progression to full activity, but the physician recommended not playing in the weekend’s game. Initial treatment consisted of interferential current with ice for 30 minutes, progressive range of motion exercises, and relative rest for three days, after which the athlete completed a functional progression to sports specific activity. The athlete participated in a game seven days post injury with a hip-flexor compression wrap applied to right hip. The next day, the athlete stated that his hip felt tight and a little sore, he then completed a limited practice. The following day the athlete stated that he felt his thigh was numb and that it felt like pins and needles going down the front and side of his thigh. Hip strength was normal as compared to un-involved side. Warm whirlpools, stretching and hip-flexor compression wrapping were continued. During the game on the following day, the athlete came off the field in the 4th quarter stating that he could not really feel his thigh. He described no pain or weakness, just that it felt weird. Post-game evaluation by the orthopedic surgeon, yielded a diagnosis of Meralgia Paresthetica. The recommended course of action was to continue with treatment, and take 600mg of ibuprofen three times per day. The athlete was cleared to continue playing lacrosse. Continued treatment decreased the symptoms after each game during the next two weeks, with the athlete becoming fully asymptomatic after 16 days, just prior to the end of the season. The athlete was instructed to rest for two weeks and if symptoms reoccurred, to contact the athletic trainer. **Uniqueness:** Meralgia paresthetica occurs when the lateral femoral cutaneous nerve (LFCN), which is purely sensory from the lateral surface of the thigh, becomes compressed, pinched or trapped most commonly under the inguinal ligament. Common causes of the condition include tight clothing, obesity, pregnancy, scar tissue and walking, cycling or standing for long periods of time. This athlete did not have any symptoms of meralgia paresthetica for ten days after the initial injury. His complaints of numbness and tingling, without motor defects, were consistent with meralgia paresthetica. This condition was most likely caused by swelling resulting from the hip sprain, in which the swelling compressed the LFCN against the inguinal ligament. **Conclusion:** Meralgia paresthetica may occur as a result of trauma and subsequent swelling of the inguinal region. A thorough evaluation of the hip must be conducted in order to ensure no motor neuron involvement is associated with the paresthesia symptoms.