60 Day Peripheral Nerve Stimulation for Refractory Meralgia Paresthetica Following Total Hip Arthroplasty

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INTRO

- Meralgia paresthetica (MP) is lateral femoral cutaneous nerve (LFCN) neuropathy that can occur after surgery
- Refractory MP can be difficult to treat, and evidence for peripheral nerve stimulation (PNS) remains limited

CASE

- 58yo F with persistent R anterior thigh pain post-THA
- Diagnostic evaluation:
  - LFCN nerve blocks
  - Electrodiagnostic testing
  - Lumbar MRI
- Intervention: Ultrasound-guided 60-day PNS of the right LFCN
- Pain and hydrocodone use were assessed two months after completion of the therapy

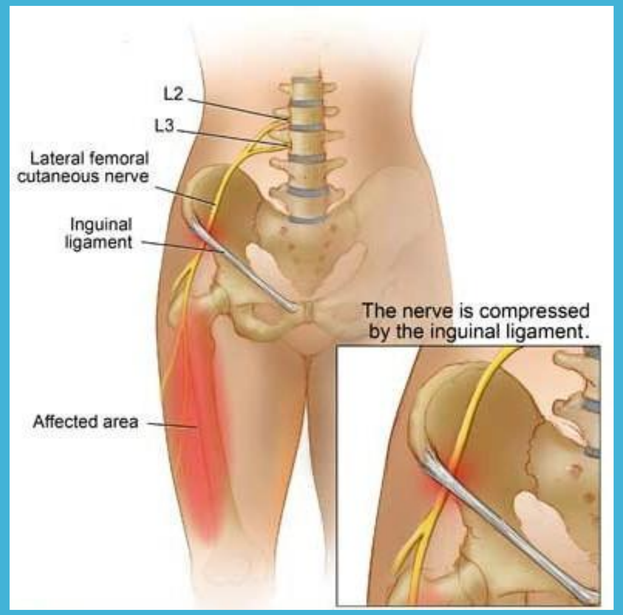
RESULTS

THA
↓
Immediate anterior thigh pain
↓
Conservative therapy + pregabalin
↓
LFCN blocks → significant but transient relief
↓
60-day LFCN PNS
↓
60 days after removal: ~60% pain reduction and 50% hydrocodone reduction

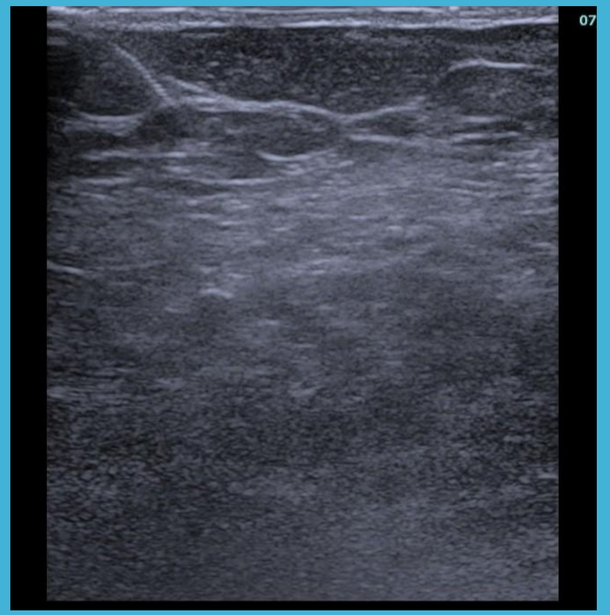
60-day PNS of lateral femoral cutaneous nerve:

60% ↓ PAIN & 50% ↓ HYDROCODONE USE

in a patient with Meralgia Paresthetica after THA



Meralgia Paresthetica*



R Lateral Femoral Cutaneous Nerve

DISCUSSION

- For refractory MP after THA, 60-day LFCN PNS may offer a minimally invasive treatment option when conservative therapy and nerve blocks provide inadequate or transient relief.
- Evidence remains limited to small case series and reports.

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* Mayo Foundation for Medical Education and Research.