

Lateral femoral cutaneous nerve block facilitated MICU discharge of patient with Meralgia paresthetica following TAVR procedure

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Introduction

Meralgia paresthetica is a painful condition results from compression of the lateral femoral cutaneous nerve of the thigh. Compression from tight clothes, obesity, edema, hematoma or direct injury. The nerve is purely sensory so the symptoms and signs are restricted to pain, tingling and numbness at the anterolateral aspect of the thigh that varied from mild to severe level.

Treatment include losing weight, loose clothes, treat edema, NSAID and nerve block.

Materials and Methods

As the case report is devoid of patient identifiable information, it is exempt from IRB review requirements as per Cleveland Clinic Florida policy.

Case report

89 years old female with history of hypertension ,atrial fibrillation , severe aortic stenosis and CHF, presented to the ED with symptoms and signs of acute on top of chronic CHF due to severe aortic stenosis. Patient had severe bilateral lower extremities and pulmonary edema. Patient received aggressive diuresis and underwent TAVR procedure. During the introduction of the catheter the patient experienced severe pain and paresthesia at the lateral aspect of the thigh. The procedure was successful. Patient transferred to ICU in stable condition.

POD1 patient complained from severe pain and tingling on the lateral aspect of the thigh where the catheter was introduced. MICU team treated the patient with oxycodone and morphine that lead to altered mental status. This condition and management lasted for 2 days.

POD 3 pain service consulted. On exam found the patient was poorly arousable and complaining from the pain and tingling on the lateral side of the thigh. Ultrasound guided lateral femoral cutaneous nerve block with 20 cc of Ropivacaine 0.2% and 10 mg of dexamethasone. Pain subsided and opioid discontinued. Patient became fully awake and oriented. Patients was successfully discharged from MICU and went home without readmission.

Discussion

In this case meralgia paresthetica is caused by the direct injury of the lateral femoral cutaneous nerve by the catheter insertion and the additional effect of the lower extremity edema. Using opioid in 89 years old lead to altered mental status and did not solve the issue. Locating the nerve by the ultrasound is easy between the tensor fascia lata laterally and the Sartorius muscle medially. Immediate result gained.



References

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