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MADISON NEUROLOGY LLC

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Neurology Care 7 days a Week. Because Your Brain Matters.

Meralgia Paresthetica

Patient education guide · Nerve & Muscle · Madison Neurology LLC

What is it?

Meralgia paresthetica is compression of the lateral femoral cutaneous nerve — a purely sensory nerve — as it passes under the groin's inguinal ligament. It causes numbness, tingling, and burning pain over the outer thigh. It is benign, never causes weakness, and usually resolves with simple measures.

How does it happen?

The nerve is compressed where it exits the pelvis — aggravated by tight clothing or belts, tool belts, obesity and recent weight gain, pregnancy, diabetes, and prolonged standing or hip extension. Direct pressure (e.g., from a wallet, harness, or car seatbelt) can contribute.

Common symptoms

- Numbness, tingling, or burning over the outer (lateral) thigh
- Hypersensitivity of the patch of skin — clothing brushing it is unpleasant
- Symptoms worsened by standing, walking, or hip extension; eased by sitting
- A well-defined patch of altered sensation the size of a hand or larger
- No weakness, no reflex change, no back pain (distinguishing it from radiculopathy)

How is it diagnosed?

Diagnosis is clinical — the outer-thigh sensory patch with normal strength and reflexes is classic. Nerve conduction studies of the lateral femoral cutaneous nerve (technically tricky) or a diagnostic anesthetic injection can confirm it; imaging excludes pelvic causes when the picture is atypical.

How is it treated?

Most cases resolve with conservative measures: weight loss when relevant, looser clothing and belts, avoiding direct pressure, and activity modification — improvement typically comes over weeks to

months. Neuropathic pain medications (gabapentin, pregabalin, or topical lidocaine) help bothersome symptoms. A local anesthetic-steroid injection helps diagnostically and therapeutically; surgery (nerve decompression or sectioning) is a last resort for refractory cases.

What does the future hold?

Excellent in the great majority: symptoms resolve or become negligible with conservative management, often within a few months, though numbness can linger longer than pain. Recurrence tracks with the same mechanical factors — weight, belts, posture — and responds to the same fixes.

Questions patients commonly ask

Q: Is this a pinched nerve from my back?

A: No — the compression is at the groin, not the spine; normal strength, reflexes, and absence of back pain distinguish it from sciatica.

Q: Will I lose strength in my leg?

A: Never from this — the nerve is purely sensory, so weakness doesn't occur; any weakness points to a different diagnosis.

Q: How long until it goes away?

A: Most improve over weeks to months with pressure removal and weight management; stubborn cases respond to injection.

National support groups & resources

- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org
- **American Chronic Pain Association** — theacpa.org
- **Foundation for Peripheral Neuropathy** — foundationforpn.org

(Organization contact details were current at the time of compilation; please verify online.)

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