

■ **Meralgia paresthetica is not always an entrapment neuropathy**

TO THE EDITOR:

I have found your report on hip pain ("Evaluation and management of hip pain: An algorithmic approach," *J Fam Pract* 2003; 52(8):607–617) very interesting for my daily clinical practice as a neurologist. I consider it important to emphasize that meralgia paresthetica (MP) is not necessarily a "benign" entrapment neuropathy of the lateral femoral cutaneous nerve at the anterior superior iliac spine. Apart from other local causes (surgery, trauma, occupational, etc), there are reports in the literature of MP secondary to more serious pathologies (pelvic,¹ psoas,² or retroperitoneal regions).

We have seen recently a patient with long-lasting MP secondary to a large suprarenal tumor.³ Because of such possibilities, we always perform an echographic study of pelvic and abdominal regions. Thus, it is important for family physicians to consider secondary causes of MP.

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DR MARGO, DR DREZNER, AND DR MOTZKIN REPLY:

We appreciate the comments and additional information regarding meralgia paresthetica (MP) presented by Dr Iváñez. We agree that MP encompasses not only nerve entrapments and neuromas of the lateral femoral cutaneous nerve, but also any irritation of the nerve from repetitive motion, local compression or trauma.⁴

While abdominal, pelvic, and retroperitoneal pathology such as tumors can cause compression of the nerve, these etiologies are quite rare. We do not support advanced abdominal and pelvic imaging in all cases of MP, but certainly secondary causes of MP should be investigated if

symptoms persist and fail to improve with initial conservative measures or if other symptoms suggest an abdominal/pelvic pathology.

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