Meralgia paraesthetica is numbness or pain in the outer thigh not caused by injury to the thigh, but by injury to a nerve that extends from the thigh to the spinal column. This chronic neurological disorder involves a single nerve—the lateral cutaneous nerve of the thigh.

The lateral femoral cutaneous nerve most often becomes injured by entrapment or compression where it passes between the upper front hip bone (ilium) and the inguinal ligament near the attachment at the ASIS.

Signs and symptoms

- Pain on the outer side of the thigh, occasionally extending to the outer side of the knee, usually constant.
- A burning sensation, tingling, or numbness in the same area
- Multiple bee-sting like pains in the affected area
- Occasionally, aching in the groin area or pain spreading across the buttocks
- Usually more sensitive to light touch than to firm pressure
- Hyper sensitivity to heat (warm water from shower feels like it is burning the area)

Treatments

- Wearing looser clothing and suspenders rather than belts
- Non-steroidal anti-inflammatory drugs (NSAIDs) to reduce inflammatory pain
- Pain killers if pain level limits motion and prevents sleep
- Reducing physical activity in relation to pain level. Acute pain may require absolute bed rest

MP can occur in any age group but is most frequently reported in middle-age persons and is generally regarded as uncommon. The incidence rate of MP reported in Holland in 2004 was 4.3 per 10,000 persons. There is no consensus about sex predominance, but in 1 study evaluating 150 MP cases, a higher incidence was reported in men. MP has typically shown preponderance in obese patients or patients with diabetes as well as in pregnant women. Cases of MP have also been described in athletic populations (runners and cyclists) as an overuse type injury. Treated conservatively, about 85% of patients were pain-free within 4 to 6 months.

The symptoms of MP consist of unpleasant paresthesias in the upper and lateral thigh. Patients typically describe a burning, stinging, or tingling sensation in the thigh and can usually localize the sensations to the skin itself. Extending the thigh in a backwards direction, which stretches the nerve, can aggravate the condition; in addition, erect posture and prolonged standing have also been identified as associated aggravating factors. Patients may also have an area of hair loss on the anterior thigh due to constant rubbing of the region by the patient, and this is an important diagnostic marker. The majority of cases of MP follow a benign course and will respond to conservative treatment, with resolution of the vast majority (85%) within 4–6 months of presentation. Surgical intervention for MP generally reserved for patients who are resistant to conservative management.
Treatment for Meralgia Paraesthetica
Physiotherapy treatment for patients with this condition is vital to hasten the healing process, ensure an optimal outcome and decrease the likelihood of injury recurrence. Treatment may comprise:

- Spinal and pelvic realignment
- Dry needling / acupuncture
- Deep tissue massage/myofascial release
- Joint mobilisation
- Ultrasound/electrotherapy
- Exercise programs to stretch, self treat and improve proprioception, balance, strength and core stability
- Biomechanical Assessment
- Neural mobilisation
- Education / training advise/ phased return to exercise
- Activity modification advice
- Orthotic/Insole advice
- Ice or heat treatment
- Taping
- Clinical Pilates