Femoral neuropathy

Etiology

Damage to the femoral nerve can be the result of:

a direct injury

a tumor or other growth blocking or trapping part of your nerve

prolonged pressure on the nerve, such as from prolonged immobilization

a pelvic fracture

radiation to the pelvis

hemorrhage or bleeding into the space behind the abdomen, which is called the retroperitoneal space a catheter placed into the femoral artery, which is necessary for certain surgical procedures Diabetes may cause femoral neuropathy. Diabetes can cause widespread nerve damage due to fluctuations in blood sugar and blood pressure. Nerve damage that affects your legs, feet, toes, hands, and arms is known as peripheral neuropathy. There is currently some debate about whether femoral neuropathy is truly a peripheral neuropathy or a form of diabetic amyotrophy.

According to the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), diabetes is the most common reason for peripheral neuropathy in people who've had diabetes for at least 25 years.

Differential diagnosis

- 1. L4 radiculopathy: L4 radiculopathy should not cause iliopsoas weakness; see L4 involvement
- 2. diabetic plexus neuropathy
- 3. (idiopathic) lumbosacral plexus neuropathy

Compression of the nerve by self-retaining abdominal wall retractor or rendering the nerve ischemic by occlusion of the external iliac artery $^{1)}$

Hemorrhage into the iliopsoas muscle may also compress the nerve. Cutaneous branches of the femoral nerve may be injured during labor and/or delivery ²⁾ (most are transient)

It's located near the groin and controls the muscles that help straighten your leg and move your hips. It also provides feeling in the lower part of your leg and the front of your thigh. Because of where it's located, damage to the femoral nerve is uncommon relative to neuropathies caused by damage to other nerves. When the femoral nerve is damaged, it affects your ability to walk and may cause problems with sensation in your leg and foot. View the femoral nerve on this BodyMap of the femur.

1)

Warner MA. Perioperative Neuropathies. Mayo Clin Proc. 1998; 73:567–574

O'Donnell D, Rottman R, Kotelko D, et al. Incidence of Maternal Postpartum Neurologic Dysfunction. Anesthesiology. 1994; 81

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