The superior cluneal nerves are a group of sensory nerves that arise from the dorsal rami of the first three lumbar spinal nerves (L1-L3). They provide sensation to the skin of the upper buttocks and are important in both clinical and surgical contexts due to their proximity to the iliac crest and potential involvement in certain pain syndromes.

Anatomy Origin: The superior cluneal nerves are derived from the dorsal rami of the L1, L2, and L3 spinal nerves. Course: These nerves travel inferolaterally, crossing over the posterior iliac crest. They pass through the thoracolumbar fascia as they approach the buttock region. Distribution: The superior cluneal nerves provide sensory innervation to the skin over the superior and lateral aspects of the gluteal region. Clinical Significance Superior Cluneal Nerve Entrapment Syndrome:

Pathophysiology: The nerves may become entrapped as they pass through the thoracolumbar fascia near the iliac crest. Symptoms: Patients often report lower back pain radiating to the upper buttocks, sometimes mistaken for sacroiliac joint pain, radiculopathy, or hip pathology. Diagnosis: Palpation of the area where the nerves cross the iliac crest may reproduce pain. Diagnostic nerve blocks can confirm the diagnosis. Treatment: Conservative management includes physical therapy, medications, or nerve blocks. Surgical decompression is an option for refractory cases. Surgical Considerations:

The superior cluneal nerves are at risk during posterior iliac crest bone graft harvesting or procedures involving the lumbar area. Injury to these nerves can result in postoperative neuropathic pain or sensory disturbances in the upper gluteal region. Understanding the anatomy and clinical relevance of the superior cluneal nerves is crucial for effective diagnosis and management of related pain syndromes and for avoiding iatrogenic injuries during surgical procedures.