

The sensation of mobile telephone vibration as a presenting feature of meralgia paresthetica

A sensação de vibração de um aparelho celular como principal característica de meralgia parestésica

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ABSTRACT

It is described the case of a 59-year-old man with the medical history that was feeling the sensation that the mobile telephone was vibrating at the superolateral surface of the right thigh during walking, inducing the patient to answer the telephone in an inaccurate way several times in that period. A paresthetic response during the pin testing over the right anterolateral surface of the thigh was detected at the physical exam. As a possible compressive cause of the nerve the patient referred that used to play guitar with the sound box supported over the right anterosuperior thigh. We decided to publish this case to illustrate a curious sensorial symptom of meralgia paresthetica link to the contemporary habit of using the mobile phone on the bell, in the vibrating mode. Also, it was not found the description in the literature about the guitar play as a risk factor of meralgia paresthetica.

Key words: meralgia paresthetica, mobile phone, risk factor, guitar.

RESUMO

A sensação de vibração de um aparelho celular como principal característica de meralgia parestésica. Relatamos o caso de um homem com 59 anos de idade com história de que tinha a sensação de um telefone celular vibrando na superfície superolateral da coxa direita quando caminhava; isso o induzia a inadvertidamente a "atender à chamada do celular". Ao exame físico havia uma resposta parestésica quando se realizou o teste neurológico à estimulação com um alfinete, na área referida da coxa. Como possível causa compressiva do nervo, o paciente refere hábito de tocar violão, apoiando-o na face antero-superior da coxa direita. Decidimos publicar este caso para ilustrar o aparecimento de um sintoma sensitivo vibratório na meralgia parestésica simulando a chamada do uso contemporâneo do telefone celular

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no cinto. Também não encontramos na literatura relato do fato de tocar violão apoiado na coxa como fator de risco da meralgia parestésica.

Palavras-chave: meralgia parestésica, telefone celular, fator de risco, violão

INTRODUCTION

The clinical characteristic of the meralgia paresthetica consists of unpleasant paresthesias (prickling, burning, stinging, tingling, or pins-and-needles sensations) in the upper and lateral thigh, which may be spontaneous or caused by stroking or touching of the skin. In addition, the touch of clothing may precipitate the symptoms as well as walking or standing for long periods of time. Numbness is also a common and early symptom. The pathophysiology usually accepted define the disorder as a consequence of unilateral direct pressure over the lateral femoral cutaneous nerve of the thigh, which is formed by fibers originated from the second and third lumbar roots. Typically it is a middle age disorder that can be either spontaneous (idiopathic) or iatrogenic. Both forms are generally mechanical in origin, most commonly occurring as the nerve egress the pelvis. Trauma caused by tight belts, corsets or backpack harnesses, stretching by extensor movements of the thigh in walking, iliac bone graft removal, cardiac catheterization via the femoral artery, long-term compression by padded lifts beneath the iliac crest at operative ventral positions, laparoscopic herniorrhaphy, bariatric surgery, limb length discrepancy, pregnancy, obesity, diabetes mellitus, hypothyroidism, and a male gender predilection (3:1) are considered risk factors for the nerve injury¹⁻³.

CASE REPORT

In this report it is described the case of a 59-year-old man with the medical history that during the last month was feeling the sensation that the mobile telephone was vibrating at the superolateral surface of the right thigh during walking, inducing the patient to answer the telephone in an inaccurate way several time in that period. A paresthetic response during the pin testing over the right anterolateral surface of the thigh was detected at the physical exam. As a possible compressive cause of the nerve the patient referred that used to play guitar with the sound box supported over the right anterosuperior thigh. A past history of prostate cancer was told; bring about the possibility of a

paraneoplastic etiology as part of the pathogenesis of the neuropathy.

DISCUSSION

We decided to publish this case report in order to illustrate a curious sensorial symptom of meralgia paresthetica link to the contemporary habit of using the mobile phone on the belt, in the vibrating mode. Also, it was not found the description in the literature about the guitar play as a risk factor of meralgia paresthetica.

In conclusion, meralgia paresthetica is a relative frequent neurological affection, commonly misdiagnosed with other neurological or orthopedic diseases and the description of this peculiar case might help the physicians during the symptomatic evaluation of patients with such disorder.

REFERENCES

1. Dias Filho LC, Valença MM, Guimarães Filho FA, Medeiros RC, Silva RA, Morais MG, Valente FP, Franca SM. Lateral femoral cutaneous neuralgia: an anatomical insight. *Clin Anat.* 2003;16:309-16.
2. Grossman MG, Ducey SA, Nadler SS, Levy AS. Meralgia paresthetica: diagnosis and treatment. *J Am Acad Orthop Surg.* 2001;9:336-44.
3. Massey EW. Sensory mononeuropathies. *Semin Neurol.* 1998;18:177-83.