CONDITION

Meralgia paresthetica

Meralgia paresthetica causes burning, tingling, or numbness in the outer thigh when a sensory nerve is compressed.

WHAT IT IS
Compression of the outer-thigh sensory nerve

BODY SYSTEM
Nervous system

MAIN SYMPTOMS
Burning pain, tingling, numbness, sensitive skin

WHAT CAUSES IT
Nerve compression or irritation, sometimes unknown

HOW IT IS DIAGNOSED
Symptoms and examination; nerve block or testing when unclear

MAIN TREATMENT
Pressure relief, activity changes, and pain management

CAN IT BE CURED?
Sometimes - relieving nerve pressure may settle symptoms

IS IT AN EMERGENCY?
No - new weakness needs urgent assessment

LONG-TERM OUTLOOK
Many improve; some have persistent or recurring symptoms

Overview

Meralgia paresthetica is a nerve condition that affects feeling in the outer part of the thigh. It happens when the lateral femoral cutaneous nerve becomes compressed, stretched, or irritated.

This nerve travels from the pelvis, passes near the groin crease, and supplies sensation to the skin of the outer thigh. It does not control muscles. For that reason, meralgia paresthetica can cause pain, tingling, numbness, or skin sensitivity, but it should not cause true leg weakness.

Pressure may come from tight clothing, a heavy belt, pregnancy, weight gain, an injury, or an operation near the pelvis or groin. Sometimes no clear cause is found.

The condition is not usually dangerous. However, its symptoms can resemble problems

involving the lower back, hip, or other nerves. An assessment is especially important if symptoms are new, persistent, severe, or accompanied by weakness.

Symptoms

Symptoms usually affect the front and outer side of one thigh. Both thighs can be affected, but this is less common.

You may notice:

The affected area may feel painful even when something soft brushes against it. At other times, it may feel partly numb.

Symptoms often stay above the knee and do not usually involve the inner thigh, foot, or lower leg. They may become more noticeable after standing or walking for a long time. Some people feel better when sitting or bending the hip, although patterns differ.

Meralgia paresthetica affects sensation rather than muscle control. Leg weakness, loss of knee reflexes, or difficulty controlling the foot suggests another cause and needs medical assessment.

- Burning, stinging, or aching pain
- Tingling or a "pins and needles" feeling
- Numbness or reduced awareness of touch
- Skin that is unusually sensitive to clothing or light contact

Causes and risk factors

The lateral femoral cutaneous nerve passes through a narrow area close to the front of the hip. Pressure or stretching at this point can interfere with the nerve's signals.

Common sources of pressure include tight trousers, shapewear, corsets, heavy belts, tool belts, or equipment worn around the waist. Seat belts and prolonged positions that press on the groin may sometimes contribute.

Pregnancy can stretch tissues and increase pressure around the pelvis. Weight gain or a larger abdomen can have a similar effect. Symptoms associated with pregnancy often improve after delivery, but this is not guaranteed.

Other possible causes and risk factors include:

Some people develop meralgia paresthetica without an identifiable trigger. Having symptoms

does not necessarily mean that you have diabetes, a pelvic growth, or a serious nerve disorder.

- Diabetes or another condition that damages nerves
- Scar tissue after pelvic, abdominal, hip, or groin surgery
- Direct injury near the front of the hip
- Prolonged lying in one position during surgery or illness
- Repetitive hip movement or prolonged standing
- A mass or swelling in the pelvis, which is uncommon

Diagnosis

There is no single test needed in every case. A clinician can often identify meralgia paresthetica from the location and type of symptoms, together with a physical examination.

During the examination, they may check skin sensation, muscle strength, reflexes, your hip, and your lower back. Normal strength and reflexes support a problem limited to the sensory nerve.

You may be asked about recent weight changes, pregnancy, tight clothing, work equipment, injuries, medical conditions, and previous operations. Mapping the numb or painful area can help distinguish meralgia paresthetica from a pinched nerve in the spine.

Further tests may be used if the pattern is unusual, symptoms are getting worse, or another cause is possible. These can include:

Nerve conduction testing can be difficult for this small sensory nerve and may not give a definite answer. It is often more useful for ruling out other nerve conditions. If a carefully placed local anaesthetic injection temporarily stops the pain, that can support the diagnosis.

- Blood tests for diabetes or other causes of nerve problems
- X-rays or scans of the hip, pelvis, or lower back
- Nerve conduction studies or electromyography, which test nerve and muscle signals
- An injection of local anaesthetic around the nerve

Treatment and management

Treatment aims to reduce pressure on the nerve and make symptoms manageable while it recovers. The best approach depends on the suspected cause, symptom severity, and how

long the problem has lasted.

Early measures usually focus on removing external pressure. This may mean wearing looser clothing, changing a belt or work harness, or avoiding positions that repeatedly press on the groin. If weight is contributing, gradual weight loss may reduce pressure, but it is not appropriate or necessary for everyone.

Activity does not always need to stop. It may help to shorten or adjust activities that clearly trigger symptoms and then build them up again as tolerated. A physiotherapist may suggest changes to movement, posture, or flexibility when hip or pelvic mechanics appear to contribute. Evidence for specific exercise programmes is limited.

Simple pain medicines may help some people. These medicines can still cause side effects or interact with other treatments, so follow the label and check with a pharmacist or clinician if you have other health conditions, are pregnant, or take regular medication.

Persistent burning or electric-shock pain may be treated with prescription medicines used for nerve pain. These can cause effects such as sleepiness, dizziness, dry mouth, or swelling. Choice of medicine should take account of your health, other medicines, work, driving, and pregnancy status.

If symptoms remain troublesome, an image-guided injection around the nerve may be considered. It usually contains a local anaesthetic, sometimes with a corticosteroid like prednisone or hydrocortisone to reduce inflammation. Relief may be temporary or longer lasting, and injections do not help everyone.

Surgery is rarely needed. One operation releases tissue around the nerve. Another cuts the nerve, which can reduce pain but causes permanent numbness in its supply area. Surgery is generally reserved for severe, persistent symptoms after other options have not helped.

Complications

Meralgia paresthetica does not usually damage the thigh muscles or affect walking strength. The main possible complication is ongoing nerve pain or numbness.

Persistent pain can disturb sleep, limit exercise, or make work clothing and safety equipment difficult to tolerate. Reduced sensation can also make it harder to notice heat, friction, or skin injury in the numb area. Check the skin if it is exposed to heating pads, hot-water bottles, tight straps, or repeated rubbing.

Treatments can also have unwanted effects. Nerve-pain medicines may affect alertness, while injections can cause temporary soreness and, rarely, other complications. Surgery can leave lasting numbness and may not fully remove pain.

Prevention

Meralgia paresthetica cannot always be prevented. This is particularly true when it follows pregnancy, necessary surgery, an injury, or pressure that could not reasonably have been avoided.

You may be able to lower the chance of pressure-related symptoms by avoiding clothing or equipment that digs into the waist or groin. Adjusting a work belt, backpack hip belt, or safety harness may help if it can be done without reducing safety.

If weight gain is contributing, gradual and sustainable weight management may reduce pressure on the nerve. Good diabetes management can help protect nerve health, although it cannot guarantee prevention.

People undergoing surgery cannot prevent every positioning-related nerve problem. Surgical teams use padding and positioning measures to reduce this risk.

Living with it and what to expect

Many people improve after the source of pressure is removed. Recovery may take weeks or months because irritated nerves can settle slowly. Pain and tingling may improve before numbness does.

Symptoms can fluctuate during recovery. A longer walk, tight waistband, or prolonged standing may cause a temporary increase without necessarily meaning that the nerve is being permanently damaged.

Some people have symptoms that persist or return. Recurrence may follow renewed pressure, weight change, pregnancy, or another procedure near the pelvis. When there is no removable cause, treatment may focus on controlling symptoms rather than eliminating them completely.

Meralgia paresthetica itself does not usually progress to paralysis because the affected nerve does not control muscles. If weakness develops, the diagnosis should be reconsidered.

You may be able to continue most usual activities by adjusting clothing, equipment, and positions. If symptoms affect sleep, mobility, work, or mood, routine follow-up can help review the diagnosis and discuss further treatment.

When to get medical help

Arrange a routine medical appointment if numbness, tingling, or burning on the outer thigh

lasts more than a short time, keeps returning, or interferes with daily life. Assessment is also sensible if you have diabetes, recently had surgery, or cannot identify a clear pressure-related trigger.

Seek prompt medical advice if the pain is rapidly worsening, wakes you repeatedly, spreads outside the usual outer-thigh area, or is accompanied by fever, a rash, swelling, unexplained weight loss, or a new lump near the abdomen or groin.

Meralgia paresthetica is not normally an emergency. Get urgent or emergency help if you develop:

These signs are not typical of meralgia paresthetica and may indicate a spinal, brain, or traumatic nerve problem that needs rapid assessment.

- New leg weakness or an inability to walk normally
- Loss of bladder or bowel control
- Numbness around the genitals, buttocks, or inner thighs
- Sudden weakness or numbness affecting one whole side of the body
- Severe symptoms after a major injury

Common questions

Does meralgia paresthetica go away on its own?

It can. Symptoms often settle when pressure on the nerve is removed, but recovery may take weeks or months. Some people have persistent or recurring symptoms that need further management.

Can meralgia paresthetica cause leg weakness?

No. The affected nerve carries sensory signals and does not control thigh muscles. If your leg is weak, gives way, or becomes difficult to move, seek medical assessment for another possible cause.

Is meralgia paresthetica caused by a problem in my back?

Not usually. The nerve is most often irritated near the front of the hip or groin. A pinched spinal nerve can cause similar pain, however, particularly when symptoms include back pain, weakness, altered reflexes, or changes below the knee.

What makes meralgia paresthetica worse?

Tight waistbands, belts, prolonged standing, walking, or positions that increase pressure near the groin can aggravate it. Your triggers may differ, so noticing patterns can help guide

practical adjustments.

Can exercise help meralgia paresthetica?

Gentle activity is often possible, but an exercise that repeatedly triggers symptoms may need to be changed. Physiotherapy may help when posture, hip movement, or muscle tightness contributes, although no single exercise programme works for everyone.

Is meralgia paresthetica permanent?

It is not always permanent. Many cases improve, especially when there is a removable source of pressure. Numbness or pain can remain in some cases, particularly after long-standing compression, injury, or surgery.

Sources

- National Institute of Neurological Disorders and Stroke. "Meralgia Paresthetica."
- Mayo Clinic. "Meralgia paresthetica: Symptoms and causes."
- Mayo Clinic. "Meralgia paresthetica: Diagnosis and treatment."
- Khalil N, Nicotra A, Rakowicz W. "Treatment for meralgia paraesthetica." Cochrane Database of Systematic Reviews. 2012;12:CD004159.
- Harney D, Patijn J. "Meralgia paresthetica: diagnosis and management strategies." Pain Medicine. 2007;8(8):669-677.