Bilateral Femoral Neuropathy Following Vaginal Hysterectomy

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Bilateral Femoral Neuropathy is a rare complication following vaginal hysterectomy. This occurs due to the entrapment of the nerve under the inguinal ligament when the lower limbs are kept in lithotomy position for a prolonged time. Microvascular occlusion and local mechanical injury of the nerve is considered in the pathogenesis. The predisposing factors are diabetes mellitus and prolonged positioning of the limbs in lithotomy position. Here, we report a case of bilateral femoral neuropathy following vaginal hysterectomy.

Mrs. Lakshmi aged 48 years (Neuro No.5453/2000) was referred for weakness of both lower limbs of 2 months duration. She underwent vaginal hysterectomy for uterovaginal prolapse 2 months ago with an operation time of 2 hours. Postoperatively she was in bed for 3 days. On the 4th day when she attempted to stand, both her knees buckled and she fell down. She was unable to extend her knees. However she was able to flex her hips, knees, move her feet and toes normally. She had numbness over the anterior part of the thighs and legs.

She was not a known diabetic. On examination, she had mild wasting of both quadriceps, reduced tone in the knees, with weakness of knee extensors, absent knee jerks, all the other muscles were normal. There was reduced pain and touch perception over the anteromedial things and medial legs upto the medial malleolus in the distribution of the femoral nerve.

Investigations revealed normal ESR and normal blood sugar both fasting as well as postprandial. Nerve conduction studies revealed delay in both femoral nerve conduction and EMG showed neurogenic pattern in both the quadriceps.

A diagnosis of femoral neuropathy was made as evidenced by wasting, weakness of quadriceps and absent knee jerks and sensory loss over the distribution of the femoral nerve.

This complication is highlighted because it is potentially avoidable with a little caution on the part of the anaesthetist by changing the patient's posture and limiting the degree of abduction of the hips by lateral thigh supports and minimizing the duration of the operation time.