Iatrogenic Sciatic Nerve Injuries at Buttock & Thigh Levels: The Louisiana State University Experience Review

Content


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OBJECTIVE: To provide an overview of iatrogenic sciatic nerve injuries at the buttock and thigh levels, and to analyze results of the treatment provided at Louisiana State University Health Sciences Center-New Orleans.

METHODS: The data from 196 patients were reviewed retrospectively. All patients had iatrogenic sciatic nerve injuries at the buttock and thigh levels and were evaluated and treated at the Louisiana State University Health Sciences Center between the years 1968 and 1999. One hundred sixty-four of these patients had injuries caused by injections at the buttock level, 15 sustained sciatic nerve injuries after a total hip arthroplasty, and 17 had iatrogenic damage at the thigh level.

RESULTS: Patients with severe motor deficits underwent neurolysis if they had positive nerve action potentials, and end-to-end anastomosis or grafting if the nerve action potentials were negative. Operations were performed on 64 patients with injection injuries at the buttock level, on 15 with iatrogenic damage at the thigh level, and on 15 with deficits after total hip arthroplasty. Results were analyzed by the procedure performed and by the outcome in both the peroneal and tibial divisions.

CONCLUSION: Patients with mild or no motor deficits and those with pain that was manageable did not undergo surgery and were treated conservatively. For patients with significant motor deficits and those with pain that was not responsive to pharmacological management, physical and occupational therapy required surgical intervention. Patients who had positive nerve action potentials required neurolysis only and had the best recovery, whereas those with negative nerve action potentials required more extensive intervention entailing reanastomosis or grafting and had worse outcome. In general, the outcome was better for the tibial than for the peroneal divisions, regardless of the type of intervention.

PMID: 19927080 [PubMed – indexed for MEDLINE]