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Patient Name	: Mr. MICHAL SIEMASZKO	Reg. Date	: 12/Mar/2018 11:54 AM
Age/Sex	: 39.1 YRS / Male	Report Date	: 13/Mar/2018 01:15PM
Referred By	: Dr. PRAKASH KUMAR KHUTE	Print Date	: 13/Mar/2018 01:15 PM

**FUNCTIONAL NERVE IMAGING OF THE PELVIS WITH SPECIAL EMPHASIS ON
THE LEFT LATERAL CUTANEOUS NERVE OF THE THIGH**

MR imaging was performed on an **advanced 3.0 Tesla, 32 channel digital broad-band MR system using a dedicated multi-channel phased-array surface coil**. Axial, coronal and sagittal T1W & STIR images. High B-value diffusion-weighted images were also obtained through the pelvis.

Clinical profile: Penetrating trauma to left upper thigh/pelvis followed by dysesthesia.

The study shows scarring in the tensor fascia lata at the left anterior superior iliac spine with impingement of the lateral cutaneous nerve of the thigh associated with swelling and restricted diffusion proximally and distally. The rest of the lateral cutaneous nerve of the left thigh appears normal in signal intensity and morphology.

There is STIR-hyperintense signal in the left genitofemoral nerve without restricted diffusion. The left ilio-inguinal nerve appears normal.

The femoral head, necks & acetabular cavities show preserved morphology and articular surfaces with preserved joint space without joint effusion.

The articular margins of the sacroiliac joints and symphysis pubis appear normal, without any marrow edema or erosions. The ilium, ischium and pubic bones show preserved marrow signal. The visualized sacrum also shows preserved marrow signal.

The muscles around the hip & S I joints appear normal in bulk and signal intensity.

Functional nerve imaging reveals hourglass-shaped restricted diffusion in the lateral cutaneous nerve of the thigh across the inguinal ligament. There is normal appearance of the sciatic nerves bilaterally and the visualised proximal segments of the femoral nerves.

OPINION:

MR scan findings are suggestive of entrapment of the lateral cutaneous nerve of the left thigh due to scarring in the left tensor fascia lata with altered signal and restricted diffusion, as described above. There is also thickening and altered signal in the left genitofemoral nerve.

Please correlate clinically.

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