**INTRODUCTION**

Meralgia paresthetica is a chronic pain syndrome that is extremely rare in the pediatric population. This disease is manifested by hypesthesia or pain in the distribution of the lateral femoral cutaneous nerve (LFCN) and is typically caused by entrapment as the nerve passes deep to the inguinal ligament. Isolated case reports of meralgia paresthetica in children are very limited and we present the first treatment strategy for this patient population. The diagnosis of this rare sensory mononeuropathy is typically delayed by weeks or months due to lack of knowledge about this disease or its treatment options, leading to prolonged functional impairment and unnecessary medical testing.

**CASE REPORT**

We report a nine-year-old female who presented to the pain clinic with a six-week history of right anterolateral thigh pain first noticed after a non-traumatic cheerleading practice. Comprehensive laboratory and radiographic evaluation by a pediatrician, sports medicine physician, and an orthopedic surgeon revealed no infection, fracture, soft tissue injury, or other nociceptive source of pain. She reported her pain as constant, 8/10, sharp, shocking, and tingling which originated at the proximal anterolateral thigh, radiated distally, and stopped sharply at a point four centimeters proximal to her knee (Figure 1). Pain was made worse with activity but was never associated with weakness. Examination confirmed static mechanical allodynia of the reported distribution but was otherwise normal. The diagnosis of idiopathic, compressive meralgia paresthetica was given and the child was asked to avoid tight fitting clothing and start a daily physical therapy program. Gabapentin and meloxicam were prescribed and conservative management was followed for two weeks with mild improvement noted. To facilitate physical therapy, an ultrasound guided LFCN block was performed (Figure 2 and 3) which confirmed the diagnosis by providing complete analgesia. The patient reported overall twenty-five percent improvement from multimodal therapy at another two weeks. A second LFCN block was performed with complete resolution of symptoms and restoration of function. She remains pain free at six months and has returned to her baseline activity level which includes running, cheerleading, and martial arts.

**REFERENCES**