Peripheral Nerve Injuries

- Suspect in pelvic # or SI- joint dislocat
- Usually spontaneous recovery w/o exploration

1) Lateral Cutaneous Nerve
   - Compromised as it runs through inguinal ligament, medial to ASIS
   - Paresthesia over anterolateral thigh (meralgia paraesthesiae)
   - Rx: decompression or division.

2) Femoral Nerve
   - Damage by gunshot wounds or large hematoma of thigh
   - Loss of quadriceps (no patella reflex, says 1/20)
   - Rx: surgery or graft
     or tendon transfer of hamstrings to quadriceps

3) Sciatic Nerve
   - Damage by gunshot wounds, hip dislocat", THR (division/nerve lysis)
   - Intraneural hemorrhage "severe coagulopathy"
   - Loss of hamstrings & all muscles below knee
     with loss of sensation below knee (except medial side supplied by peroneal nerve)
   - If numbness extends above knee or weakness & gluteal muscles
     then suspect lumbosacral PLEXUS injury
   - Rx = resection or graft & 12 month recovery time if power
     AFO (ankle foot orthosis)
     good foot/skin care.
     or tendon transfer of Tibialis Posterior to anterior of foot
     if partial lesion = retained sense to sole
     or amputation if zero recovery?
c) Deep Peroneal Nn.
- anterior compartment
- weakness in dorsi-flexion
- sensation to dorsum 1st web space.

- lateral compartment (peroneal n.)
- weak eversion of foot.
- sensation to dorsum of foot + 2nd - 5th digits.

* All injuries should be explored & repaired (suture/graff), but recovery is often poor. Use AFO during recovery period & consider Tibialis posterior tendon transfer of faulty.

d) Tibial Nn.
- Supplies flexors of ankle & foot (posterior compartment) & intrinsic muscles of foot.

- Posterior tibial n. — runs behind MM in tarsal tunnel — divides into med + lat planter nerves (sensab).  

- Injuries: (i) # dislocate ankle, # explore + repair
(ii) compartment syndrome
(iii) medial + lateral # — compartment of foot, # fasciectomy
(iv) entrapment in tarsal tunnel — # mid-arch support before surgical decompression.