

HISTORY

An athletic 49-year old healthy male presented to the sports medicine clinic with 8 months of worsening left-sided low back pain with radiation into his gluteal area. He retired about 4 months prior and had been increasing his physical activity with regular running, cycling, and yoga. His pain had a gradual onset without preceding injury. He has been following with his PCP and has thus far attempted treatment with NSAIDs, manual therapy, a Prednisone burst, and physical therapy without significant improvement. No prior injuries or surgeries.

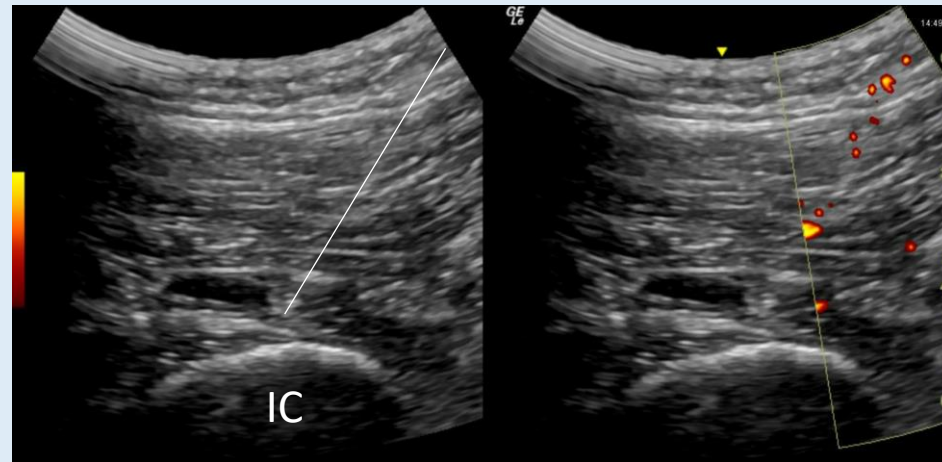
PHYSICAL

Inspection normal.
ROM intact, with reproduction of pain in flexion, extension, and leftward side-bending.
Tenderness to palpation over left QL area over iliac crest and left gluteal musculature. Negative straight leg raise, FABER/FADIR, Fortin Finger, Stork test, and slump test.
Gait normal. Sensation symmetric and intact in all lumbar dermatomes.
Strength 5/5 in all lumbar myotomes.
Patellar and Achilles DTR 2+.

CLINICAL EVALUATION

Xray: Mild degenerative changes.

Theragnostic cluneal nerve block: under ultrasound guidance, the left superior cluneal nerve was visualized and injected with Kenalog and lidocaine via an in-plane approach.



DISCUSSION

Cluneal neuralgia arises from entrapment or irritation of the superior cluneal nerves, small sensory branches of the sciatic nerve that are particularly vulnerable to compression as they traverse the thoracolumbar fascia and pass over the iliac crest. Entrapment can lead to localized neuropathic pain, often mistaken as discogenic or muscular in origin. In cases of persistent low back pain with minimal radiographic findings and poor response to conservative measures, this diagnosis should be considered.

Theragnostic corticosteroid injection can both provide relief and help elucidate diagnosis. If persistent, radiofrequency ablation can provide long-term relief of associated pain.

WORKING DIAGNOSIS

Cluneal neuralgia

TREATMENT/OUTCOME

Patient's symptoms resolved following corticosteroid injection and remained minimal at 3 month follow up. He continues physical therapy, but his pain no longer limits activity.

REFERENCES

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