

A 35-year-old patient reported to the pain clinic with a history of severe burning pain in the left thigh and he was barely able to walk. He was a labourer and used to carry stacks of bricks on his head at a construction site. Three months back, he slipped while carrying bricks. While trying to regain balance and to avoid injury by the falling bricks, his body arched backwards and he fell on the ground. There was no apparent injury anywhere on his body. A few days later, he felt burning pain in his left thigh. Gradually, the intensity of pain started to increase for which he received treatment with oral diclofenac and gabapentin without any benefit. The visual analog pain score was 9/10. There was no pain or tenderness in the abdomen, groin or lumbar area nor any palpable mass was felt. The pain did not increase on flexion or external rotation of the hip. There was no history suggestive of any coagulation disorder nor was he taking any medications. Electromyography and nerve conduction velocity tests for femoral nerve were not done.

It was decided to manage the patient by femoral nerve block with bupivacaine and clonidine as it seemed to be a case of isolated femoral neuropathy. It appeared from the history that the femoral nerve was probably injured from an acute stretch during the fall. As the femoral nerve passes over the superior pubic ramus, the bone may act as a fulcrum and with the hip forced into hyperextension, a stretch injury might have occurred.

Ten milliliters of bupivacaine 0.25% along with 100 $\mu$ g clonidine was used to block the femoral nerve under full aseptic precaution. The injection was repeated on day 3 as the patient reported dramatic relief after the first injection. The visual analog pain score decreased to 2/10 on day 5 and the patient was prescribed oral paracetamol tablets on day 7. One month later, the patient reported of experiencing occasional mild pain at that site and was then lost to follow-up.

## Clonidine for an unusual isolated femoral nerve stretch injury

Sir,

Femoral neuropathies can occur secondary to direct trauma, compression, stretch injury, or ischaemia. It causes weakness predominantly of the quadriceps, which results in difficulty with ambulation. Presented here is a case of suspected femoral nerve injury due to an unusual stretch injury.

It has been established with animal experiment that perineural clonidine acts on  $\alpha$ 2-adrenoceptors to reduce hypersensitivity in established nerve injury, likely by an immunomodulatory mechanism.<sup>[1]</sup> Also, young patients with minimal axonal loss are more likely to recover completely from a femoral mononeuropathy.<sup>[2]</sup> This patient responded to perineural clonidine injection. Previous gabapentin therapy might have contributed to this effect.

Written permission was sought and received from the patient to report this case.

**Prakash K Dubey**

Department of Anesthesiology and Critical Care Medicine, Indira Gandhi Institute of Medical Sciences, Patna, Bihar, India

**Address for correspondence:**

Dr. Prakash K Dubey,  
305, Janpriya Apartments, NSK Puri, Patna - 800 013, Bihar, India.  
E-mail: pkdubey@hotmail.com

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