

DISEASES & CONDITIONS

Burning Thigh Pain (Meralgia Paresthetica)

A painful, burning sensation on the outer side of the thigh may mean that one of the large sensory nerves to your legs – the lateral femoral cutaneous nerve (LFCN) – is being compressed (squeezed). This condition is known as meralgia paresthetica (me-ral'-gee-a par-es-thet'-i-ka).

The nerves in your body bring:

- Information to the brain about the environment (sensory nerves)
- Messages from the brain to activate (contract and produce movement in) the muscles (motor nerves)

To do this, the nerves must pass over, under, around, and through your joints, bones, and muscles. Usually, there is enough room to permit easy passage.

In meralgia paresthetica, swelling, trauma, or pressure can narrow these openings and squeeze the nerve. When this happens, you may experience pain, paralysis, or other dysfunction.

Symptoms

Symptoms usually occur on only one side of the body and include:

- Pain on the outer side of the thigh, sometimes extending to the outer side of the knee
- A burning sensation, tingling, or numbness in the same area
- Sometimes, aching in the groin area or pain spreading across the buttocks
- More sensitivity to light touch than to firm pressure in the affected area

Doctor Examination

During the appointment, your doctor will ask about recent surgeries, injury to the hip, or repetitive activities that could irritate the nerve.

If your doctor suspects meralgia paresthetica, they will ask questions to help determine what might be putting pressure on the nerve.

Restrictive clothing and weight gain are two of the more common causes of pressure. Your doctor may ask whether you consistently wear tight stockings, leggings, or body shapers, or wear a heavy tool belt at work. In addition, meralgia paresthetica may result from a seatbelt injury during a car collision.

Physical Examination

- Your doctor will check for any sensory differences between the affected leg and your other leg.
- To verify the site of the burning pain, the doctor will put some pressure on the nerve to reproduce the sensation.
- You may need both an abdominal and/or a pelvic examination to exclude any problems in those areas.

Tests

- X-rays will help identify any bone abnormalities that might be putting pressure on the nerve.
- If your doctor suspects that a growth such as a tumor is the source of the pressure, they may order a magnetic resonance imaging (MRI) or a computed tomography (CT) scan.
- In rare cases, a nerve conduction study may be recommended.
- Occasionally, your doctor may give you an injection with a numbing medication like lidocaine to confirm the diagnosis.

Treatment

Treatments will vary, depending on the source of the pressure.

The goal is to remove the cause of the compression. This may mean:

- Resting from an activity that brings on symptoms.
- Losing weight

- Wearing loose clothing
- Using a toolbox instead of wearing a tool belt

It may take time for the burning pain to stop, and, in some cases, numbness will continue despite treatment.

- In more severe cases, your doctor may give you a corticosteroid injection to reduce inflammation, which relieves the symptoms for some time.
- In rare cases, surgery is needed to release the nerve.

Last Reviewed

January 2023

Contributed and/or Updated by

[Neil P. Sheth, MD, FAAOS](#)

Peer-Reviewed by

[Thomas Ward Throckmorton, MD, FAAOS](#)

AAOS does not endorse any treatments, procedures, products, or physicians referenced herein. This information is provided as an educational service and is not intended to serve as medical advice. Anyone seeking specific orthopaedic advice or assistance should consult his or her orthopaedic surgeon, or locate one in your area through the AAOS [Find an Orthopaedist](#) program on this website.