



# Effectiveness of ilioinguinal/iliohypogastric nerve block for post nephrectomy neuropathic pain

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## Introduction

- Both ilioinguinal and iliohypogastric nerves arise from L1 and cross anterior to the quadratus lumborum and iliacus and perforate the transverse abdominis.<sup>4</sup>
- The incidence of damage to these nerves during nephrectomy have not been well documented, however due to their anatomical location, a potential risk is present.<sup>4</sup>

## Case Presentation

Patient is a **57 year old male** with a past medical history of Crohn's, myositis, uveitis, arthritis, **partial left nephrectomy** done 11/22/23. The patient presented to the outpatient pain clinic with a chief complaint of **left sided abdominal pain post-operatively**. The pain is described as sharp, burning and severe, exacerbated by bending forward, laying flat and wearing tight clothing. Patient endorsed numbness and tingling on the left side of the stomach that radiates to the left groin. Physical exam findings are notable for **altered sensation to light touch on the left side of the stomach below the umbilicus**.

## Methods

- The patient underwent an ilioinguinal/iliohypogastric nerve block, initially experiencing >90% relief however, after 24 hours the pain began to return.
- He underwent a second ilioinguinal/iliohypogastric nerve block with dexamethasone

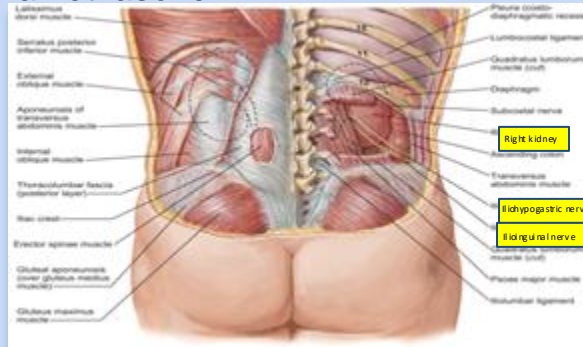


Figure 1: Proximity of ilioinguinal nerve to kidney<sup>3</sup>

## Results

- The patient experienced 90% sustained neuropathic pain relief for greater than 4 months, only experiencing an occasional dull pain with bending forward
- The patient had improvement in quality of life and functional status.

## Discussion

- Ilioinguinal nerve injury is a recognized complication of intra-abdominal surgeries, yet it is less commonly considered in procedures outside the abdominal cavity, such as nephrectomy.
- Ilioinguinal/iliohypogastric nerve blocks have been shown to be effective in managing post-operative pain commonly seen after hernia repair surgeries, and was shown to be more effective than a transversus abdominis plane block.<sup>1,2</sup>
- In this case, the patient's neuropathic pain was successfully managed with targeted nerve blocks, highlighting the importance of considering ilioinguinal neuralgia in post-nephrectomy pain syndromes.

## References

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