

Proximal Lower Extremity Mononeuropathies – Table 4

Nerve	Ultrasound	MRI
Ilioinguinal	Ilioinguinal nerve is best visualized immediately medial to the ASIS.	
Iliohypogastric	The iliohypogastric can typically be found within 1 cm of the ilioinguinal nerve at this point. ¹⁷	
Genitofemoral	The genital branch of the genitofemoral nerve is a common target for injection. Located adjacent to the inferior epigastric artery, the nerve generally cannot be seen without a high frequency probe (> 18 Hz). ¹⁸	
Femoral	<p>Evaluation of the intrapelvic portion is difficult due to its deep position and interference from bowel gas.</p> <p>The mean cross-sectional area in the infrainguinal region is 22.7 mm² but it divides into multiple branches < 1 mm² within 3-4 cm distal to the inguinal ligament.¹⁹</p>	Detection of the intrapelvic portion may be difficult given its oblique path and close proximity to the iliacus muscle.
Lateral femoral cutaneous	<p>The nerve is most commonly found inferomedial to the ASIS along the surface of the sartorius and can be traced back to the inguinal ligament.</p> <p>Fusiform nerve swelling and hypoechogenicity can be seen between the deep circumflex iliac artery and inguinal ligament with nerve flattening under or within the inguinal ligament in meralgia paresthetica.^{20,21}</p> <p>A sonographic Tinel’s sign may be present at the site of injury.</p>	Focal increased T2 signal intensity in the proximity of the inguinal ligament can be seen in meralgia paresthetica. ²²
Obturator	May be seen distally in the fat planes between the pectineus and adductor longus and along the anterior and posterior aspect of the adductor brevis muscles.	May coexist with adductor tendinopathy. Signal change in medial thigh muscles may be seen with denervation injury.