

Case Report

ABSENT ANKLE REFLEX LEADS TO THE SPINE: ATYPICAL RADICULAR PAIN WITHOUT LUMBAR SYMPTOMS

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ABSTRACT

Background: Acute onset thigh pain can present a diagnostic challenge, particularly in the absence of direct trauma or local pathology. A thorough neurological examination is essential for identifying spinal etiologies.

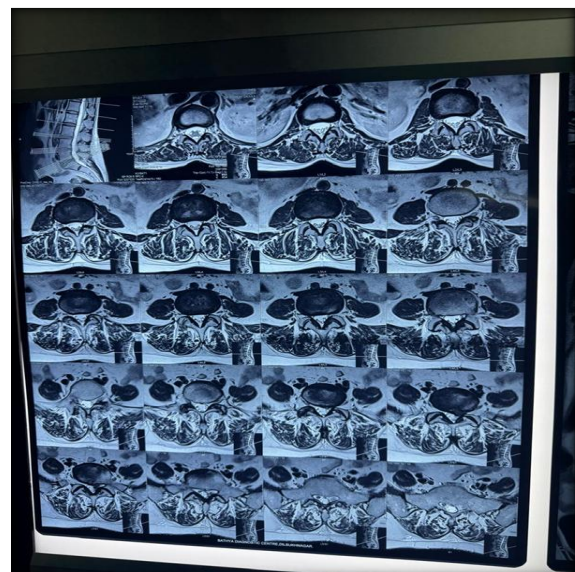
Case Presentation: We report the case of a 52-year-old female teacher with no known comorbidities who presented with severe left posterior thigh pain of one-month duration. Initial investigations, including thigh MRI, were inconclusive. Neurological examination revealed an absent left ankle reflex. Subsequent lumbosacral MRI showed L5-S1 disc protrusion with left S1 nerve root compression. The patient underwent endoscopic discectomy with complete resolution of symptoms.

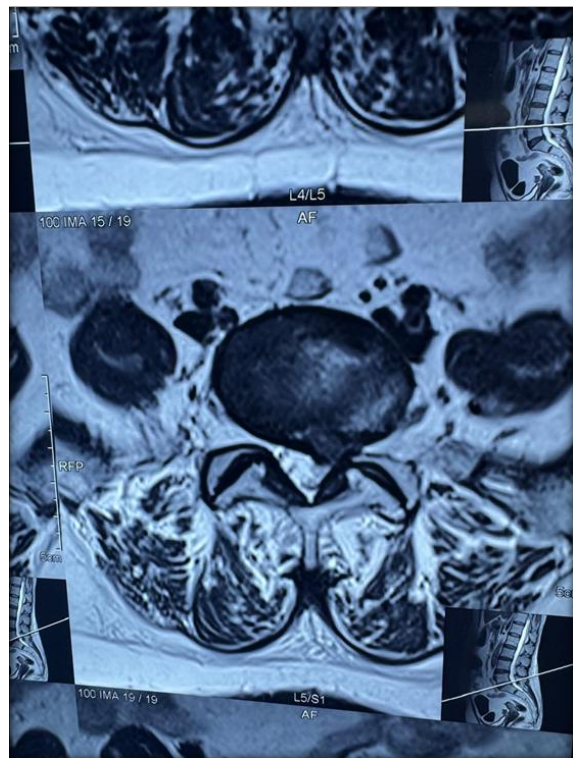
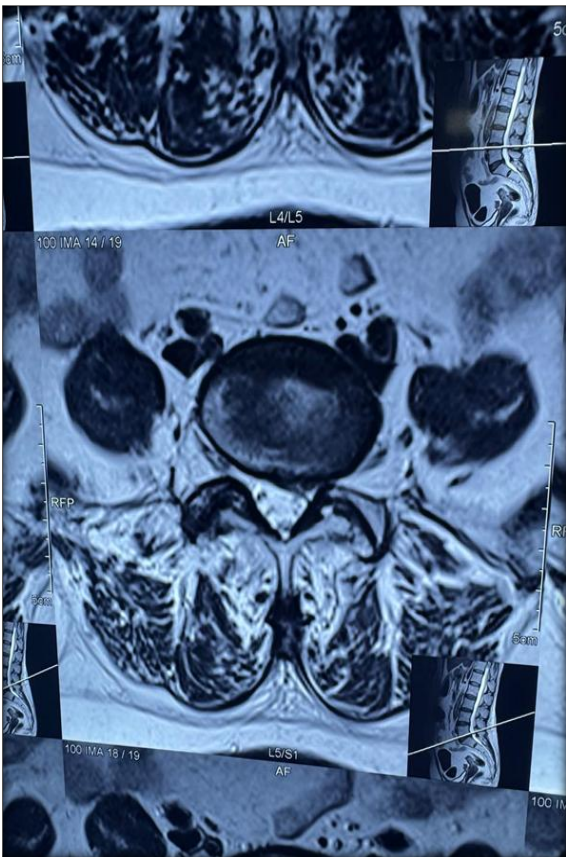
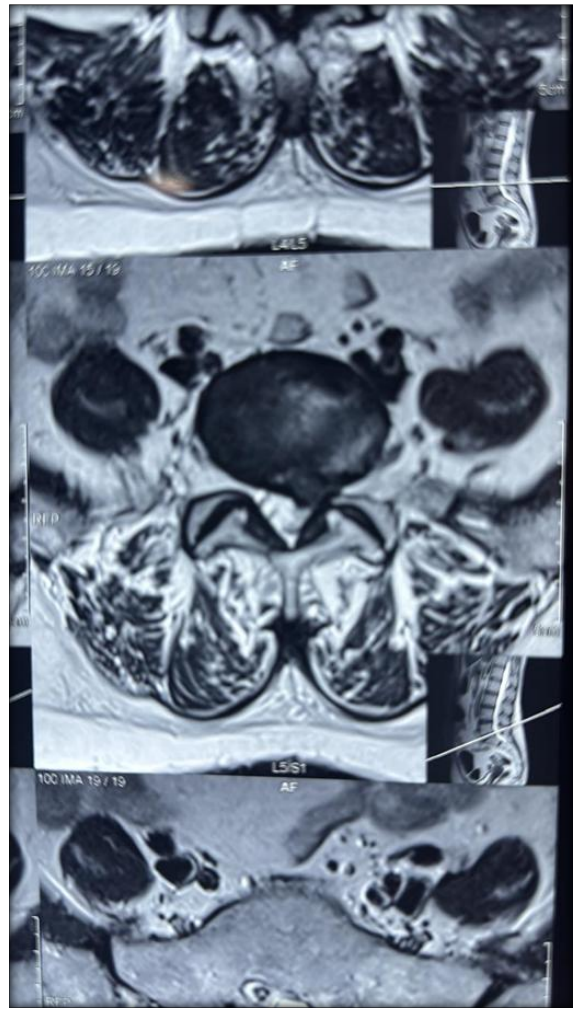
Conclusion: This case highlights the importance of a comprehensive neurological assessment in patients with atypical lower limb pain. Spine pathology should be considered in the differential diagnosis, even in the absence of back pain or initial imaging abnormalities in the limb.

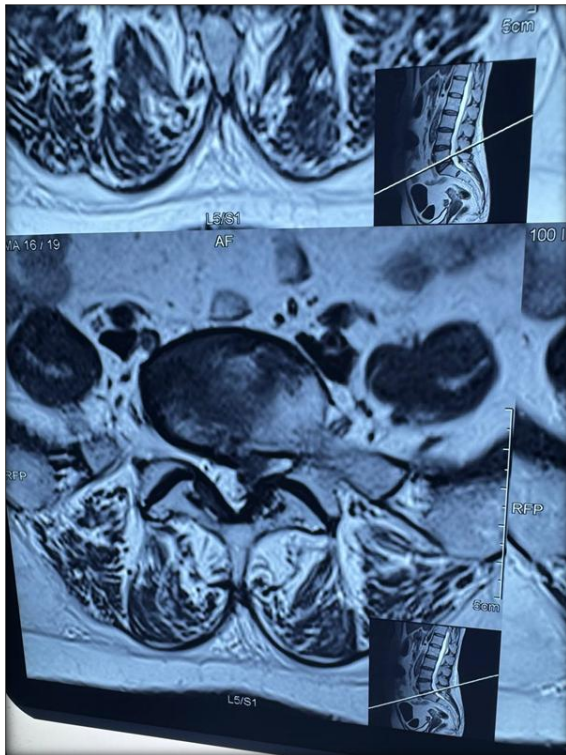
Keywords: Spinal etiologies, Neurological Examination, MRI, Lumbosacral, Pain.

INTRODUCTION

Thigh pain is a relatively common complaint with a wide differential diagnosis, ranging from musculoskeletal to neurological etiologies. While peripheral causes such as muscle strain or neuropathy are frequently considered, spinal origins of radicular pain can be overlooked, especially in the absence of classical back symptoms.^[1] Recognition of subtle neurological signs is crucial for prompt and accurate diagnosis. Here, we present a case of isolated posterior thigh pain due to an L5-S1 disc protrusion, initially misattributed to peripheral musculoskeletal causes.^[1]







DISCUSSION

The presentation of radiculopathy with isolated thigh pain without associated back discomfort can complicate the diagnostic process. In this case, the patient's symptoms were initially localized to the posterior thigh, which led to a preliminary focus on local pathologies. However, the absence of findings on thigh MRI and the persistence of pain despite conservative management prompted further evaluation.

Neurological examination was pivotal, particularly the finding of a diminished right ankle reflex, which is suggestive of S1 radiculopathy.^[2] The straight leg raise test was negative, which may occur in cases where root compression does not cause tension-related pain. MRI of the lumbosacral spine confirmed the diagnosis, revealing an L5-S1 disc protrusion compressing the left S1 nerve root.^[3,4]

S1 radiculopathy commonly presents with pain radiating to the posterior thigh, calf, and sole of the foot, often accompanied by weakness in plantar

flexion and loss of the Achilles tendon reflex.^[5] In this case, the absence of motor or sensory deficits further illustrates the variability of clinical presentations and the importance of reflex testing.^[5] Endoscopic discectomy provided immediate symptom relief, consistent with current literature that supports minimally invasive surgical techniques for treating lumbar disc herniation.^[6] The patient's recovery reaffirms the utility of early intervention in selected cases, particularly when conservative measures fail.

CONCLUSION

This case underscores the importance of considering spinal etiologies in patients with isolated lower limb pain, especially when standard imaging and treatments fail to yield improvement. A focused neurological examination can uncover subtle signs of radiculopathy and guide appropriate imaging and management. Early identification and intervention can significantly improve patient outcomes, particularly in cases of disc herniation with nerve root compression.

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