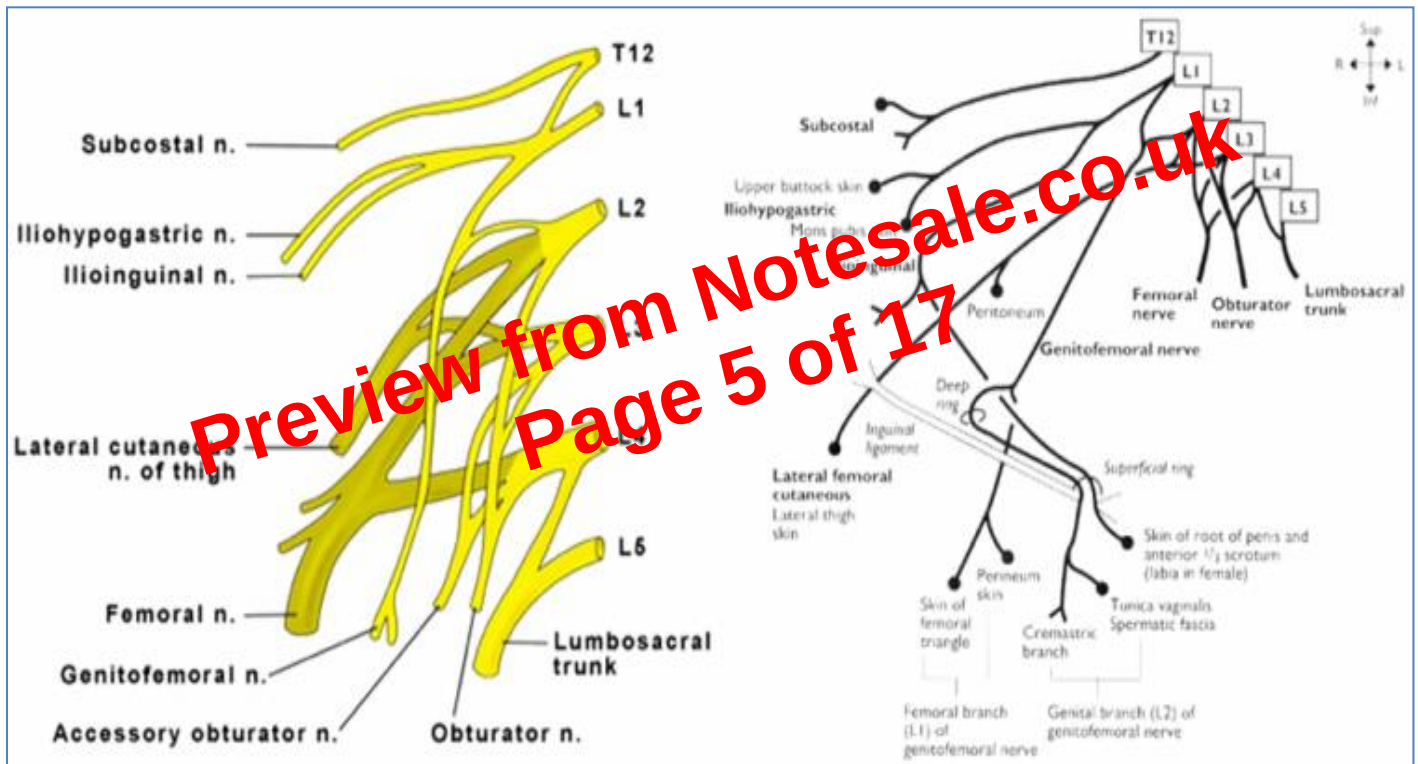


- Lateral Femoral Cutaneous (L2 + L3)
 - Femoral (L2 - L4)
 - Obturator (L2 - L4)
 - Branch to lumbosacral trunk (L4 + L5) and sacral plexus
 - There are also branches which are muscular to the adjacent psoas, quadratus lumborum + iliacus muscles.
- The iliohypogastric, ilioinguinal, lateral femoral cutaneous + femoral are on the **LATERAL border of PSOAS MAJOR** in that order from above downwards.
 - The **genito-femoral** is on the **ANTERIOR surface** of **PSOAS MAJOR**.
 - The **obturator + lumbosacral trunk branch** appear just above the **pelvic brim** **MEDIAL** to **PSOAS MAJOR**.



Femoral Nerve:

- Largest branch of the lumbar plexus.

Lateral Femoral Cutaneous Nerve:

- This nerve arises from **L2 + L3 (L1)** and is also sometimes bound with the femoral nerve.
- Course of the nerve:
 - 1) The nerve is derived from the **posterior divisions** of the **anterior rami** of the lumbar plexus.
 - 2) It emerges from the **lateral border** of the **psoas major muscle**.
 - 3) It then runs down and laterally along the **anterior surface of iliacus**.
 - 4) It enters the **thigh** below and medial to the ASIS and passes **behind** the inguinal ligament to appear medial to the upper border of **Sartorius**. It reaches a subcutaneous position by passing through this muscle.
- The nerve supplies **skin** on the **lateral aspect of the THIGH** from the greater trochanter to the knee.
- **COMPRESSION** of this nerve = **meralgia paraesthetica** = can be caused by **tight jeans or entrapment in inguinal ligament if it passes through it.**

Lateral Femoral Cutaneous Nerve



The diagram shows the lateral femoral cutaneous nerve (LFCN) in yellow, originating from the L2-L3 nerve roots, passing under the psoas and iliacus muscles, and then passing behind the inguinal ligament to the lateral thigh. A clinical photograph shows a person's leg with a red, inflamed area on the lateral thigh, indicating meralgia paraesthetica. A small inset shows a human silhouette with a red area on the lateral thigh.

Neuropathies:

- History: pain, burning over anterolateral thigh
- Motor: normal
- Sensory: limited sensory loss over the lateral thigh
- Common causes: entrapment at lateral inguinal ligament, rarely from retroperitoneal lesion. Tight Jeans!