Getting to the Bottom of Sciatic Neuropathy

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INTRODUCTION

Sciatic neuropathy is a prevalent complaint that affects 40% of the population and typically presents with unilateral pain that radiates from the lower back to the buttock and down the leg in a dermatomal pattern. Approximately 90% of sciatic neuropathy is attributable to disc disease, less commonly spinal stenosis, piriformis syndrome and neoplasms. Presented below is a case illustrating the necessity of comprehensive investigation of a common complaint unresponsive to traditional therapies.

METHODS

A 63-year-old female with past medical history of invasive anal SCC status post-resection presented to the hospital with acute on chronic left-sided sciatic neuropathy despite epidural steroid injections and surgical intervention. A palpable lesion was noted on her left buttock. MRI with contrast demonstrated an infiltrative mass within the left greater sciatic notch, involving the piriformis muscle and sciatic nerve.

RESULTS

CT-guided needle biopsy revealed non-small cell carcinoma with immunochemical staining suggestive of metastasis from prior anal SCC. She was discharged for follow-up with Oncology.

CONCLUSION

It is important to rule out extraspinal etiologies of new-onset, persistent sciatic neuropathy resistant to conventional therapies, especially in the setting of prior pelvic malignancy. Cognitive biases in medicine, such as anchoring, or in this case, satisfaction of search, can predispose clinicians to missing or delaying a diagnosis. Additional modalities were warranted for this patient when surgery and other treatments failed to provide alleviation of symptoms. Tumoral involvement of the sciatic nerve is rare, but should be considered in the setting of red flag symptoms and/or a concerning medical history.

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