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Acute femoral neuropathy following kidney transplantation: a case report.

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Introduction: The characteristics of acute femoral neuropathy (AFN), a rare complication of kidney transplantation (KT), have been scarcely reported. Recently we encounter a case and its detailed clinical features are presented.

Methods: A case of AFN was encountered out of 123 KT performed at our center over the last five years (2013-2017). The recipient, 44 year-old female, was given a 160 gram graft from her 19 year-old daughter. Surgery took 4 hours 55 minutes and renal ischemic time was 113 minutes. Anastomosis of graft artery (end) to internal iliac artery (end) and graft vein (end) to external iliac vein (side) were made.

Results: A numbness of right lateral thigh started two days after KT. Difficulty of right knee extension and right hip flexion was also presented. The grade of muscle power was zero on right hip flexor and IV+ on right knee extensor and sensory of the lateral and medial aspects of right thigh also decreased. Compound muscle action potential amplitude of femoral nerve and sensory nerve action potential amplitude of right lateral femoral cutaneous nerve were decreased. There was no structural abnormality on MRI. 2.6 cm sized fluid collection in posteriolateral aspect of the graft upper pole on ultrasonography, but both location and size are quite free from compressing right femoral nerve. We concluded that the most possible etiology of this case resulted from intraoperative procedures, such as compression by retractors. With 11 month-follow-up of rehabilitation, her sensory and hip flexion had recovered completely and knee flexor has improved to grade III.

Conclusion: AFN following KT may lasts long and long-term rehabilitation is required for recovery of motor and sensory function of an affected nerve. Therefore it is worth while giving attention to primary prevention like meticulous surgery and careful positioning of retractors.