



**MILLESICENTER**  
FOR PERIPHERAL NERVE SURGERY

Plastic Surgery  
Reconstructive Surgery  
Plexus- and Microsurgery  
Surgery of Peripheral Nerves  
Hand Surgery  
**VIENNA PRIVATE CLINIC**

Univ. Prof. Dr. Robert Schmidhammer  
OA. Dr. Savas Tsolakidis FEBOPRAS  
Pelikangasse 15  
1090 Vienna/AUSTRIA  
European Union

phone.: + 43-1-40180-2340  
Fax: + 43-1-40180-2341

[schmidhammer@millesicenter.com](mailto:schmidhammer@millesicenter.com)  
[www.wpk.at](http://www.wpk.at)  
[www.millesicenter.com](http://www.millesicenter.com)

## Medical report

**Mr Michal Siemaszko**

Dob: 7.2.1979

Vienna, 20/04/2018

### **Anamnesis:**

The patient Siemaszko reports that in January 2014 he woke up at the floor of his apartment without any reminder what happened during last hours. He felt pain in the left inguinal area and recognized several red dots in this region without any bleeding. Since this time, he suffered from tingling and reduced sensation in the area of the left lateral thigh and reduced sensation at the left lateral testicular area. During the follow two year his major problem was pain during urination, pain in the bladder area, and sexual erection disorders.

He was examined the first time at our centre on April 6, 2018.

We found several hyperpigmented spots with a clearly defined center in the left inguinal area. There was a reduced sensation in the lateral inguinal and lateral femoral region on the left side. The patient reported irregular sensation at the lateral

testicular area and sometimes pain in the area. The urinary pain problems are not present anymore in the last two years but still urin retention problems are present. Still he has problems to hold penis erection which is still very different from before this trauma in 2014. There was a Tinel sign medial and about 3 cm distal to the spina iliaca anterior superior on the left side. There was no pain in the area of the left lateral cutaneous femoral nerve. No reduced sensation on the penis was detected.

We studied the provided recently performed Neuro MRI of the patient pelvis with our radiologist Doz. Dr. Bodner. The MRI showed a thickening of the left lateral cutaneous femoral nerve at the area of the positive Tinel sign and a thickening of the left genitofemoral nerve at the anterior-medial aspect of the psoas muscle, a region just before the genital branch of the genitofemoral nerve enters the spermatic cord. In addition, Doz Bodner performed a high-resolution ultrasound study of the inguinal area on the left side which showed the same thickening of the nerve and scar formation. The distance from the hyperpigmented spots in the inguinal area on the left side to the point where the left lateral cutaneous femoral nerve shows a significant scar and an hour-glas deformation was measured with about 5cm.

If we follow these findings and the assumption of a penetrating needle lesion at the left inguinal region including injection of an unknown substance it is possible that a 5cm long needle is able to reach the left lateral cutaneous femoral nerve, the genitofemoral nerve, and as well the autonomeous nerval plexus which innervates the bladder of the patient.

Doz Bodner performed a local anesthetic block of the left lateral cutaneous femoral nerve in order to exclude the presence of a small medial branch of this nerve which could be in addition part of pathology. Since pain in the testicular area can be felt from time to time only, the near future may show if a medial branch is present.

**In summary**, we found a clear pathology of the lateral cutaneous femoral nerve and the to a lower extent of the genitofemoral nerve on the left inguinal area. There are several punctiform skin hyperpigmentation in the inguinal area and the distance to the lesion of the most superficial nerve is about 5cm. The symptoms the patient suffered could be explained by the assumption of a needle attack including the injection of an unknown substance.



## **Recommandation**

Since we found a clear lesion to both nerves surgery is indicated. Decompression and microsurgical internal neurolysis of the lateral cutaneous femoral nerve and genitofemoral nerve on left side should be performed.

Admission to the hospital for 4 days is necessary. The patient should bring at the day of admission the results of the following tests: Red and white blood cell counts, blood group, HIV and hepatitis virus status, liver and renal tests, and from an internist a report that he is free for this operation.

The costs for this treatment include 4 days of hospital care, the operation, anaesthesia, surgical team, and the immediate postoperative medical care as an out-patient. The costs are estimated with Euro 17.000.- provided an uneventful course. If surgery is accepted by the patient a date for surgery will be provided. Please inform us as soon as possible.

### **MILLES Center**

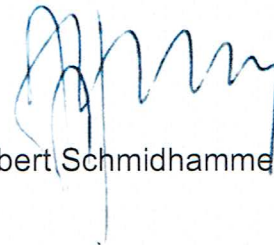
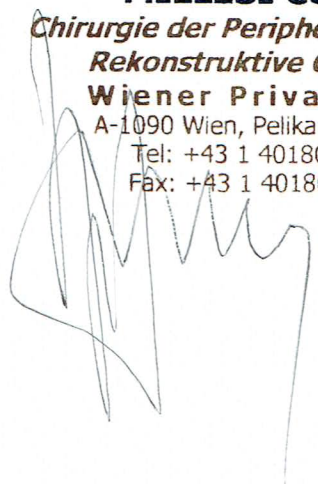
*Chirurgie der Peripheren Nerven/  
Rekonstruktive Chirurgie*

**Wiener Privatklinik**

A-1090 Wien, Pelikangasse 15

Tel: +43 1 40180 2340

Fax: +43 1 40180 2341



Univ. Prof. Dr. Robert Schmidhammer