

Conference

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Title

Leg Weakness as Presenting Symptom of Retroperitoneal Hematoma due to Femoral Neuropathy

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Case Diagnosis

Femoral neuropathy secondary to retroperitoneal hematoma

Case Description

Physical Medicine and Rehabilitation (PM&R) was consulted for a 66-year-old male with debility after a prolonged hospitalization and ICU stay. He presented with acute hypoxic respiratory failure and atrial fibrillation with rapid ventricular response requiring anticoagulation. Physical therapy identified weakness in left hip flexion and extension, and the patient noted decreased sensation in his left lower extremity. Brain and lumbar spine MRI were nonconfirmatory, and no further workup was done. After an episode of hypotension and severe anemia, a CT angiography of the abdomen/pelvis revealed a large retroperitoneal iliopsoas hematoma secondary to venous bleeding. PM&R concluded the patient's unilateral lower extremity weakness was due to left femoral neuropathy and iliopsoas compression from the hematoma. Pelvic MRI and electromyography confirmed femoral neuropathy. The patient was discharged to acute inpatient rehabilitation with neuropathic pain management.

Discussion

This patient's left leg weakness was the first sign of an underlying and potentially fatal pathology. It was not until the patient's vitals declined that further diagnostics were pursued, and a retroperitoneal hematoma was identified. Linking the hematoma location to the patient's physical exam by PM&R was key to diagnosing femoral neuropathy, leading to efficient treatment and rehabilitation. This case demonstrates that retroperitoneal hematoma should be included in the differential diagnosis of unilateral proximal leg weakness and sensory impairment, particularly in patients on anticoagulation.

Conclusions

Sudden change in the neuromuscular system can be the first sign of many pathologies other than stroke, spine disease, or trauma. Having access to a multidisciplinary model and team assists clinicians in directing more attention to otherwise unexplained symptoms, allowing for earlier recognition, intervention, and recovery. This case highlights the critical role of physiatric assessment in identifying uncommon causes of weakness and directing timely rehabilitation.