

Saturday Night Palsy of the Leg: Common Peroneal Neuropathy Following Prolonged Cross-Legged Sitting in a Boatman – A case report

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ABSTRACT

Common peroneal neuropathy is the most frequent compressive neuropathy of the lower limb and commonly occurs at the fibular neck where the nerve is superficial and vulnerable to external compression. Prolonged postures involving leg crossing are recognized precipitating factors. I report a case of a 35-year-old boatman who developed acute weakness of right foot dorsiflexion and sensory impairment after maintaining a prolonged cross-legged sitting posture during boat sailing for approximately 8 hours. Clinical findings were consistent with compressive common peroneal neuropathy. Conservative management with avoidance of compressive posture, physiotherapy, and reassurance led to gradual improvement. This case highlights the occupational risk of posture-related peroneal nerve palsy and the importance of careful bedside neurological examination in identifying focal compressive neuropathies.

Keywords: Night Palsy of the Leg, Peroneal Neuropathy, Prolonged Cross-Legged

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INTRODUCTION

The common peroneal nerve is particularly susceptible to compression as it winds superficially around the fibular neck before dividing into the superficial and deep peroneal branches. Common causes of compression include tight casts, prolonged squatting, habitual leg crossing, trauma, weight loss, and prolonged immobilization.^[1,2] Clinical manifestations range from mild sensory symptoms to complete foot drop depending on the severity of nerve involvement.^[3] Occupationally related peroneal neuropathy due to prolonged sitting posture has been described among laborers, farmers, and drivers.^[4] I present a case of posture-induced compressive common peroneal neuropathy in a boatman.

CASE PRESENTATION

A 35-year-old previously healthy boatman presented with difficulty lifting the right foot while walking and numbness over the lateral aspect of the right leg and dorsum of the right foot for one day. Symptoms developed after sailing a country boat continuously for approximately 8 hours in a sitting posture with one leg crossed over the other.

He first noticed repeated tripping of the right foot while walking after returning home from work. There was no associated back pain, radicular pain, trauma, fever, constitutional symptoms, bowel or bladder disturbance, or upper limb symptoms. He denied diabetes mellitus, alcohol misuse, recent weight loss, or exposure to toxins.

Neurological examination revealed mild weakness of dorsiflexion of the right foot (Medical Research Council grade 4/5). Eversion was mildly weak, whereas plantar flexion and inversion were preserved. There was diminished sensation to pain and temperature over the lateral aspect of the right leg and dorsum of the right foot, including the first dorsal web space. Ankle reflexes were preserved bilaterally. Gait was almost normal, although slight slapping of the right foot was observed during rapid walking. Straight-leg-raising test was negative and no spinal tenderness was present.

The pattern of weakness and sensory loss localized the lesion to the right common peroneal nerve at the fibular neck. A diagnosis of compressive common peroneal neuropathy due to prolonged cross-legged sitting posture was made clinically. Routine hematological and biochemical investigations were normal. Nerve conduction studies, if performed, would typically demonstrate reduced conduction velocity or conduction block across the fibular head.^[5]

The patient was advised to avoid prolonged leg crossing and squatting. Physiotherapy with ankle dorsiflexion exercises was initiated. He was reassured regarding the generally favorable prognosis of compressive neuropathic lesions. Follow-up after several weeks showed gradual symptomatic improvement.

DISCUSSION

The common peroneal nerve is the most commonly affected compressive neuropathy in the lower extremity.^[1] The superficial location of the nerve at the fibular neck predisposes it to compression from external pressure or prolonged postural habits. Cross-legged sitting may compress the nerve directly against the fibular head and may additionally compromise intraneural blood flow.^[6]

Patients usually present with varying degrees of foot dorsiflexion weakness, toe extension weakness, sensory impairment over the dorsum of the foot, and occasionally foot drop.^[2] Involvement of the first dorsal web space suggests deep peroneal nerve involvement, whereas sensory loss over the lateral leg and dorsum of the foot indicates additional superficial peroneal nerve involvement, supporting a lesion at the common peroneal nerve level.^[3]

The principal differential diagnoses include L5 radiculopathy, sciatic neuropathy, motor neuron disease, vasculitic neuropathy, and hereditary neuropathy with liability to pressure palsies.^[7] Preservation of ankle inversion and absence of back pain or radicular symptoms favor common peroneal neuropathy over L5 radiculopathy.^[8]

Most posture-related compressive peroneal neuropathies are neurapraxic and improve with conservative management including avoidance of precipitating postures, physiotherapy, splinting if needed, and treatment of underlying risk factors.^[2,5] Surgical decompression is reserved for persistent or progressive deficits.

This case illustrates how occupational posture during prolonged boat sailing may predispose to compressive neuropathy. Awareness of this preventable condition may facilitate early diagnosis and avoid unnecessary investigations.

PATIENT PERSPECTIVE

The patient reported anxiety regarding the sudden onset of weakness and fear of paralysis. He was reassured after explanation of the benign and reversible nature of the condition and expressed satisfaction with gradual clinical improvement.

CONCLUSION

Prolonged cross-legged sitting can produce compressive common peroneal neuropathy at the fibular neck. Careful clinical localization based on characteristic motor and sensory findings remains essential for diagnosis. Early recognition and avoidance of precipitating posture usually result in favorable recovery.

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