

# FEMORAL NEUROPATHY SECONDARY TO ILIOPSOAS HAEMATOMA: A CASE SERIES AND REHABILITATION OUTCOMES

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## Background

Spontaneous iliopsoas haematoma is a recognized complication of anticoagulant therapy, though less frequently associated with traumatic injuries. Femoral neuropathy is an uncommon but serious consequence, often resulting from compression by masses within the iliopsoas muscle. There is no established consensus regarding the best treatment approach, with both conservative and surgical options considered viable. We report three cases of femoral neuropathy secondary to iliacus and psoas muscle haematomas.

## Case report

Case 1: An 81-year-old previously autonomous female, anticoagulated with a NOAC for atrial fibrillation, developed generalized weakness, asthenia, and gait impairment following a seizure. Imaging revealed a left iliacus and psoas haematoma compressing the femoral nerve. Electromyography (EMG) showed severe neurogenic compromise. Despite conservative management and rehabilitation, significant deficits persisted, impacting gait. Case 2: An 82-year-old autonomous male suffered a cervical fracture in a car accident and was treated conservatively with a neck brace. He initially had no neurological deficits but developed bilateral lower limb weakness after initiating anticoagulation for immobilization. Imaging identified extensive bilateral iliopsoas haematomas and retroperitoneal collection. EMG revealed severe axonal damage of the left femoral nerve. Despite a reduction of the haematoma after blood transfusion and anticoagulation reversion the deficit persisted and gait remains impaired. Case 3: An 82-year-old male with atrial fibrillation on warfarin, hospitalized for pneumonia and respiratory failure, experienced abdominal and left inguinal pain, knee extension deficit, and sudden haemoglobin drop. Imaging revealed a right iliopsoas haematoma with signs of active bleeding. Anticoagulation was reversed, and bleeding stopped spontaneously. After stabilization, rehabilitation was initiated, and anticoagulation therapy was optimized by switching to a NOAC.

## Conclusion

Iliopsoas haematomas can result in significant neurological impairment, particularly femoral neuropathy, severely impacting patient mobility and independence. Early recognition, prompt imaging, multidisciplinary management, and individualized rehabilitation are crucial to optimize outcomes.

**Keywords:** Iliopsoas Haematoma; Femoral Neuropathy; Rehabilitation