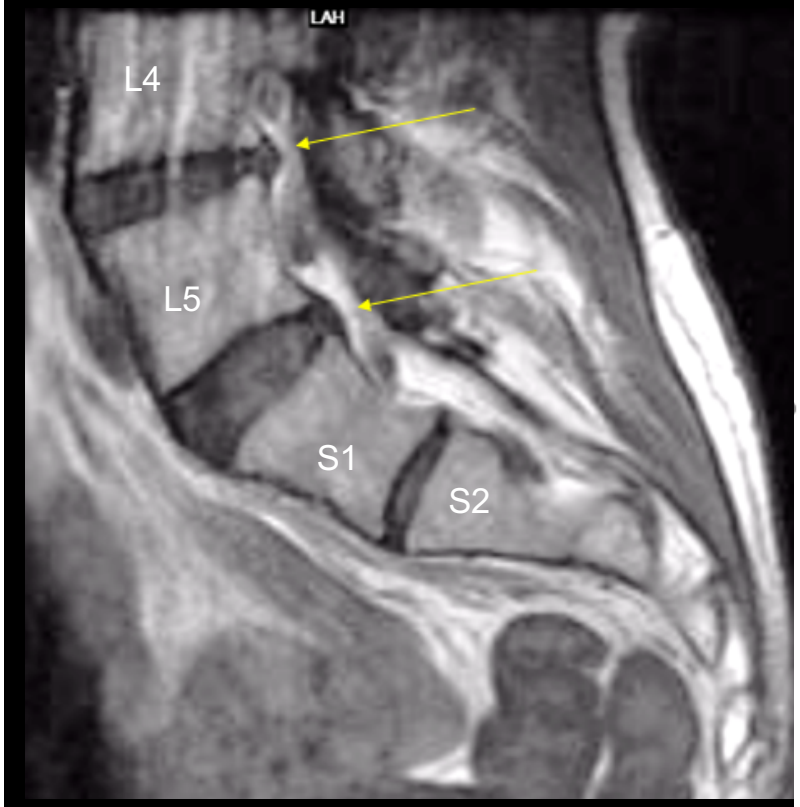
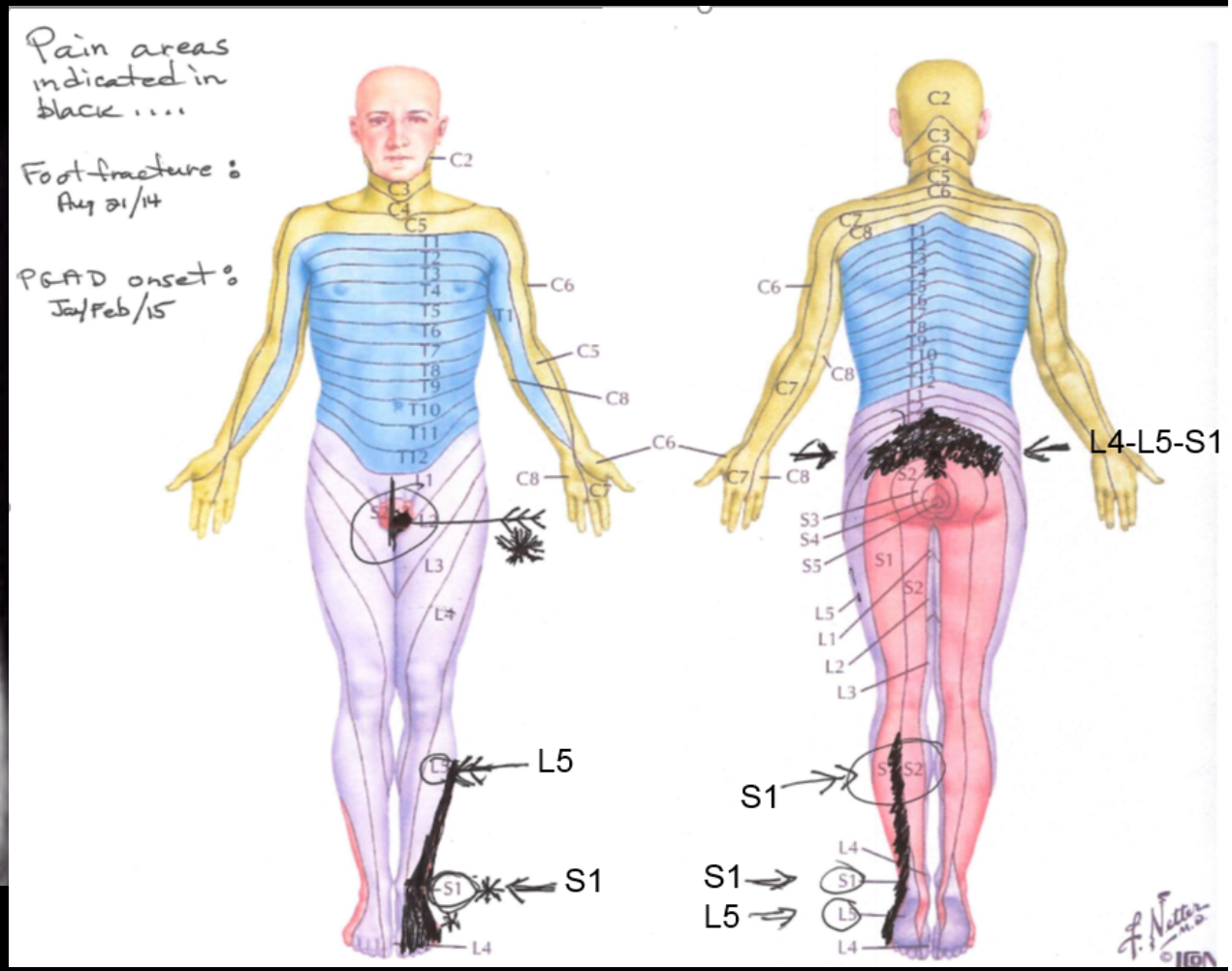
Severe PGAD (female; suicidal); incidental leg pain

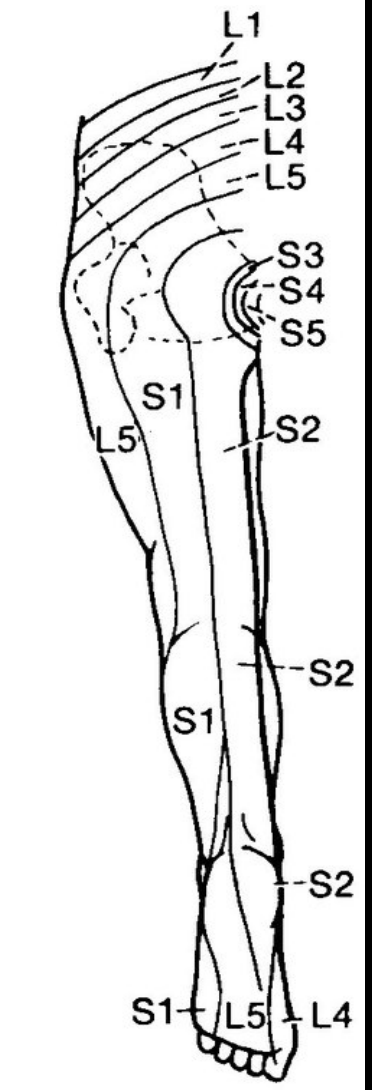
Reduction of discs at L4-S1: "…the suffering of PGAD is becoming a memory."



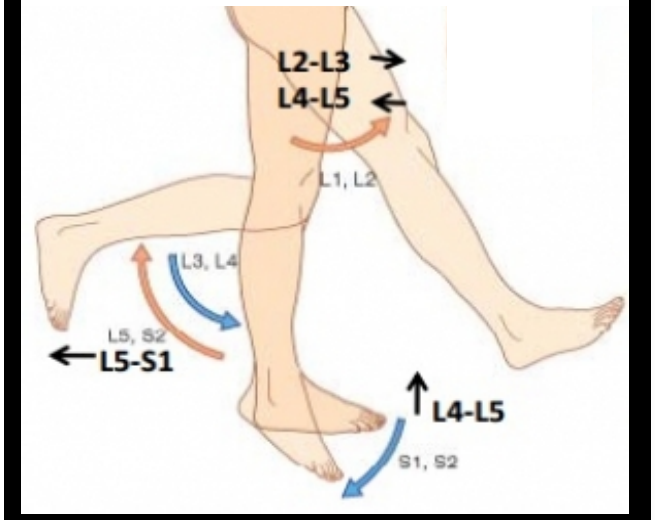


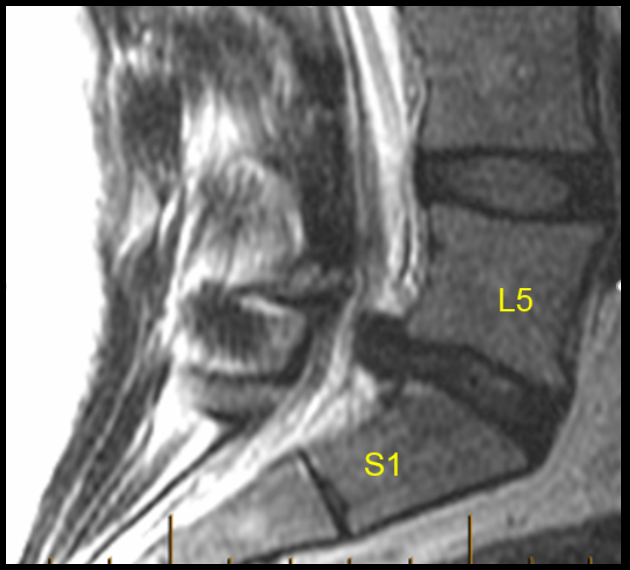
Restless legs: due to lumbosacral herniated disc?

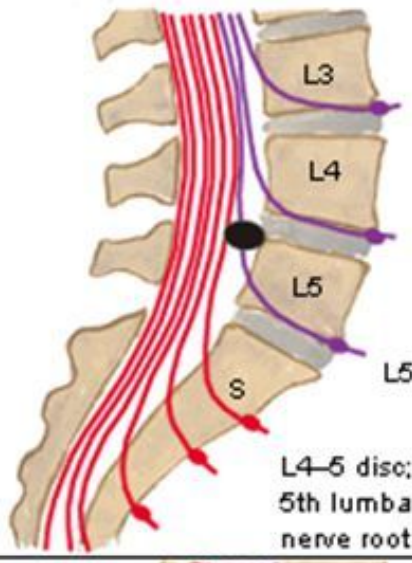
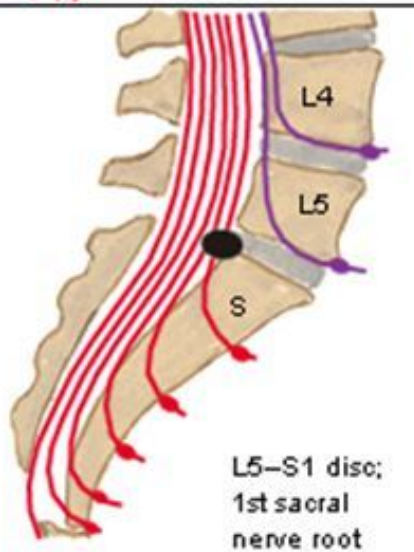
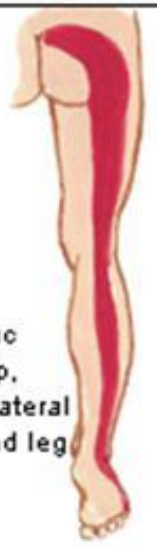
Leg dermatomes



Leg myotomes





Level of herniation	Pain	Numbness
 L4–5 disc; 5th lumbar nerve root	Over sacroiliac joint, hip, lateral thigh and leg	Lateral leg, first 3 toes
 L5–S1 disc; 1st sacral nerve root	 Over sacroiliac joint, hip, posterolateral thigh and leg to heel	Back of calf, lateral heel, foot to toe

Cauda Equina Syndrome Symptom Chart

Bladder disturbances

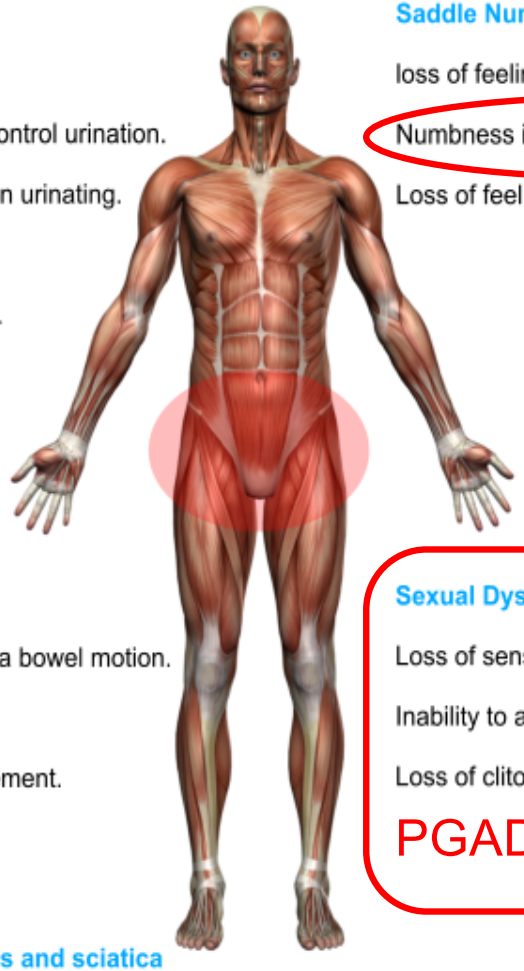
Urination different to normal.

Inability to start, stop and/or control urination.

Loss of normal sensation when urinating.

Loss of full bladder sensation.

Inability to empty bladder fully.



Saddle Numbness

loss of feeling between the legs.

Numbness in and around the genitals/anus.

Loss of feeling of toilet paper when wiping.

Bowel function affected

Loss of feeling when passing a bowel motion.

Constipation.

Loss of control of bowel movement.

Sexual Dysfunction

Loss of sensation during sexual intercourse.

Inability to achieve an erection or ejaculate.

Loss of clitoral sensation.

PGAD ?

Low Back pain/leg weakness and sciatica

A combination of these problems may be present. Keep a look out for bilateral toe extensor/flexor weakness, this can occur before other muscle weakness. Marked inability to bend forward with back pain/sciatica and leg weakness may indicate a large disc prolapse. Anal sphincter reflex maybe affected. Look out for bilateral achilles reflex absence.

TABLE 2

SIGNS AND SYMPTOMS ASSOCIATED WITH CES AS PRESENTED IN THE LITERATURE

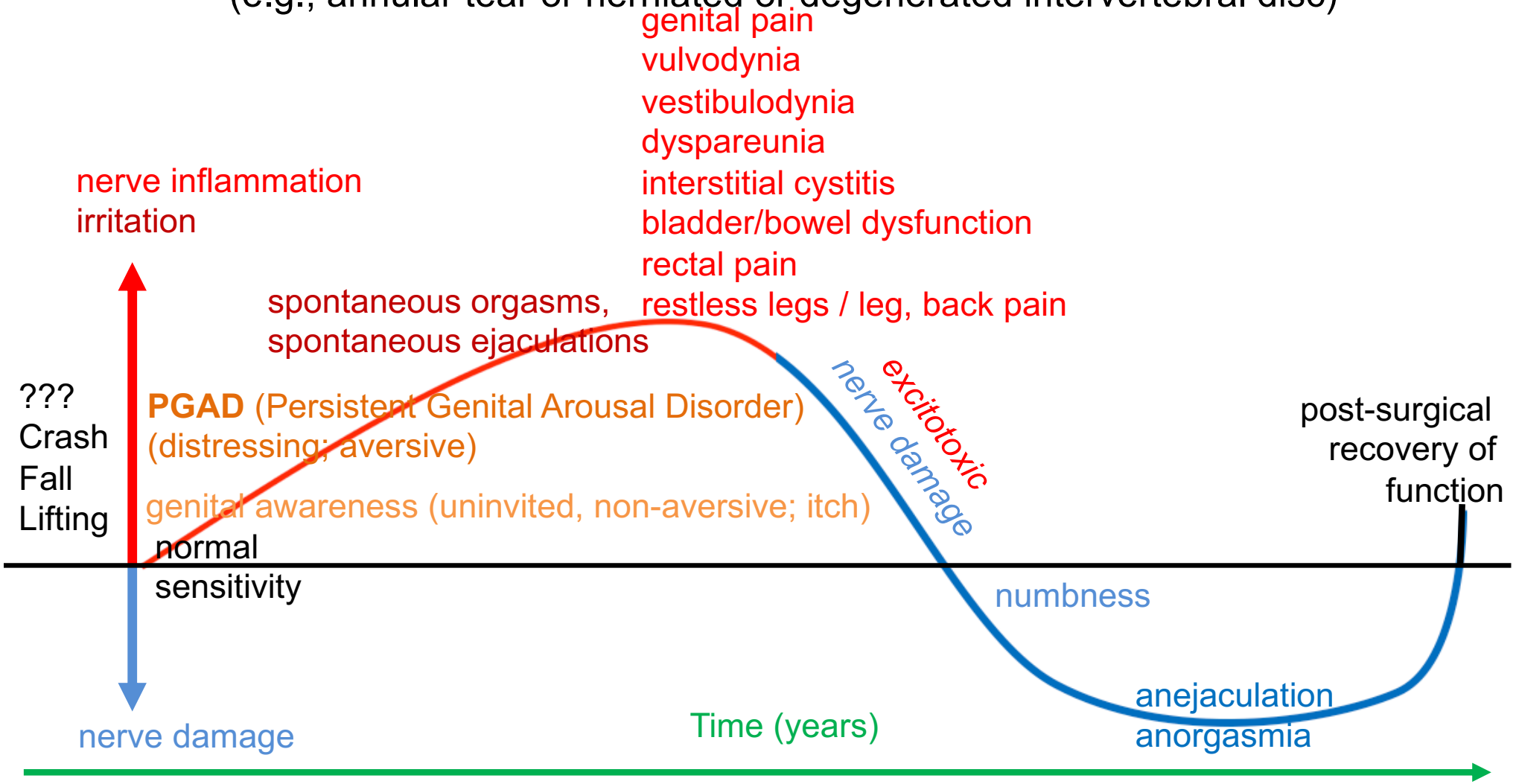
Bladder dysfunction	100%
Bilateral sciatica	80-100%
Unilateral sciatica	10-60%
Motor deficits	50-90%
Perineal numbness	5-10%
Back pain (acute)	30-50%
Back Pain (history)	40-60%

Source: Adapted from: Ahn VM, et al. Cauda equina syndrome secondary to lumbar disc herniation: A meta-analysis of surgical outcomes. *Spine* 2000;25:348-352.

Working hypothesis:

Natural history of genito-pelvic dysesthesia

Due to Tarlov cyst and/or lumbosacral radiculopathy:
(e.g., annular tear or herniated or degenerated intervertebral disc)



Preliminary conclusions:

Dysesthesias of PGAD may be due to genital neuropathy/radiculopathy.

Tarlov cyst and/or herniated intervertebral disc are possible etiology; treatable.

Natural history?: trauma/ hypersensitivity/ orgasm/ pain/ numbness/ anorgasmia.

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