

Information Workshop; 2001 Nov 29-30; Aylmer, QC. Ottawa: Health Canada; updated 2002 Sep 3. Available: www.hc-sc.gc.ca/english/protection/summary_report/index.html (accessed 2002 Nov 8).

A pain in the back

Erica Weir rightly emphasized the importance of a good clinical assessment (history and physical examination) in her recent review of back pain in children.¹ She went on to list potentially helpful investigations and stated that "Testing for rheumatoid factor . . . may be helpful if a rheumatologic disorder is suspected." However, a positive result on such a test would be an extremely nonspecific finding in this setting and would be unlikely to add any useful diagnostic information. The role of laboratory investigations in diagnosing rheumatic disease was reviewed recently in *CMAJ*.²

Michael Puttick
Rheumatologist
Kelowna, BC

Reference

1. Weir E. Avoiding the back-to-school backache. *CMAJ* 2002;167(6):669.
2. Shojania K. Rheumatology: 2. What laboratory tests are needed? *CMAJ* 2000;162(8):1157-63.

Hiphuggers' tingly thighs

Pressure on a sensory nerve can cause pain and paresthesia in the nerve's area of distribution. Entrapment of the median nerve in the carpal tunnel is the commonest example of this problem, but other nerves can be affected. The lateral femoral cutaneous nerve can be compressed as it passes under the inguinal ligament, which results in pain and paresthesia in the lateral aspect of the thigh, a condition commonly known as meralgia paresthetica.¹

I recently saw 3 mildly obese young women between the ages of 22 and 35, who had worn tight "low-rise" trousers (also called hiphuggers) over the previous 6 to 8 months. All presented with symptoms of tingling or a burning sen-

sation on the lateral aspect of the thigh (bilateral in one case). The results of a physical examination were unremarkable, except for mild local tenderness at the anterior superior iliac spine in 2 patients. These 2 patients also had Tinel's sign, whereby a reproducible tingling sensation was elicited when the lateral femoral cutaneous nerve was stimulated by finger-tapping close to the anterior superior iliac spine. One of the women was concerned about multiple sclerosis and requested MRI but was reassured by my explanation of the origin of her symptoms. In all 3 patients, the symptoms resolved after 4 to 6 weeks of avoiding hiphuggers and wearing loose-fitting dresses.

Meralgia paresthetica has been described in association with various garments and accessories (such as wallets² and tight jeans³) causing compression of the lateral femoral cutaneous nerve. Now that hiphuggers are back in fashion, physicians can expect to see more patients with tingly thighs. Simple observation of the patient's mode of dress may give a clue to the diagnosis and prevent unnecessary investigations.

Malvinder S. Parmar

Medical Director, Medical Program
Timmins & District Hospital
Timmins, Ont.

References

1. Dyck PJ. The causes, classification, and treatment of peripheral neuropathy. *N Engl J Med* 1982;307:283-6.
2. Orton D. Meralgia paresthetica from a wallet [letter]. *JAMA* 1984;252:3368.
3. Boyce JR. Meralgia paresthetica and tight trousers [letter]. *JAMA* 1984;251:1553.

Corrections

Two errors occurred in the Nov. 26 Public Health piece on syphilis.¹ The surname of the second author, David Fisman, was incorrectly spelled as "Fishman." In Table 1, the major sign for late latent stage syphilis should have read "Asymptomatic \geq 1 yr."

Reference

1. Weir E, Fisman D. Syphilis: Have we dropped the ball? *CMAJ* 2002;167(11):1267-8.

In the Nov. 26 commentary entitled "The editing life,"¹ an error occurred on the third line from the bottom of the article. The due date for submission of applications should read Dec. 16 and not Dec. 31.

Reference

1. Maskalyk J. The editing life [editorial]. *CMAJ* 2002;167(11):1252.

In a recent Pulse column,¹ the x-axis of the figure was mislabelled. The labels Surgical speciality and Lab speciality are reversed. The chart also indicates that 46.3% of physicians from the Class of 1994 chose family medicine. The correct number, 43%, appeared in the text.

Reference

1. Buske L. Class of '94 results point to family medicine's declining popularity. *CMAJ* 2002;167(10):1161.

A recent letter to the editor¹ stated that 2 cardiologists quoted in a medical newsletter used identical comments to describe their conclusions about the same drug. The publisher of the newsletter has informed us that the duplication appeared as a result of a clerical and printing error, which was subsequently corrected on the newsletter's Web site. *CMAJ* has since removed the comments in question from its own Web site.

Reference

1. Brophy J. Medical newsletters: Can they be trusted? [letter]. *CMAJ* 2002;167(9):987.

In the Nov. 26 article on hypertriglyceridemia,¹ an error occurred on page 1264. The fourth sentence under the "Management" heading reads "... follow a low-fat diet (fat intake less than 10% of total dietary energy intake per day)." This should read "... follow a low-fat diet (fat intake less than 10% of total dietary energy intake per day in cases of severe hypertriglyceridemia)."

Reference

1. Fung MA, Frohlich JJ. Common problems in the management of hypertriglyceridemia. *CMAJ* 2002;167(11):1261-6.