



FAT WALLET SYNDROME: A MINI REVIEW

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ABSTRACT

Men have the habit of carrying wallets which contains of bills, pile of cards and coins. When a person sits with wallet on back pocket usually have a susceptibility to damage main nerves which runs in lower back part leading to extreme pain. This phenomenon is usually addressed as fat wallet syndrome or wallet neuropathy. It is a neuromuscular condition which involves both sciatic nerve and piriformis muscle. The clinical presentation of this syndrome is Pain upon sitting, standing, or lying for prolonged durations, numbness in foot, and difficulty in walking. Diagnosis of this syndrome is based on physical examination, patient medical history and diagnostic tests. The main intention in writing this article is to create awareness among people regarding the risk of developing this syndrome and strategies to overcome them.

KEYWORDS: Fat wallet syndrome, Piriformis muscle, Digital wallet, Wallet neuropathy.

INTRODUCTION^[1]

Fat wallet syndrome, It's not an economic condition. It is a neuromuscular condition which involves both sciatic nerve and piriformis muscle. Generally sciatic nerve arises from L4-S2 nerve root and ahead to front of sacrum passing below the piriformis muscle.^[1] In condition of piriformis muscle spasm due to trauma or when sciatic nerve is flattened by thick wallet, there will be a postural disturbance causing strain on sciatic nerve arising to sciatica. Eventually a person can feel radiating pain in part of hip and back, as sciatic nerve descending to lower thigh and legs it can cause numbness in foot, lower leg and ankle due to which a person feels difficulty in lying down, walk around as well as sit comfortably. In diagnosing this condition

physician has to rule out other conditions like primary sacral dysfunction, lumbar radiculopathy, which have similar clinical presentation.

SYNONYMS

Piriformis Syndrome, Fat Wallet Syndrome, Wallet Neuropathy, Hip Pocket Syndrome, Wallet Sciatica, Wallet Neuritis, Credit Carditis, Pelvic Outlet Syndrome.

HISTORY^[2]

This condition has become famous in episode of Seinfeld series in the year of 1990's, where it was described in short article in 1966 in New England Journal of Medicine when credit cards were started to flourish.

CLINICAL PRESENTATION^[4]

Sign	Symptoms
Piriformis sign positive.	Pain and/or paresthesia radiating from sacrum through gluteal area and down posterior aspect of thigh, usually stopping above knee.
Tenderness in region of sacroiliac joint, greater sciatic notch, and piriformis muscle	Pain upon sitting, standing, or lying for more than 15 to 20 minutes.
Tenderness over piriformis muscle.	Headache, Neck pain, Abdominal, pelvic, and inguinal pain.
Palpable mass in ipsi-lateral buttock.	Numbness in foot, Difficulty walking.
Pace sign (flexion, adduction, and internal rotation test result) positive.	Contra lateral sacroiliac pain.

DIAGNOSIS^[5]

Diagnosis of this syndrome is based on physical examination, patient medical history and diagnostic tests. In physical examination, patients with fat wallet syndrome present with aggravating pain after sitting more than 15 to 20 minutes. Most of the patients complain of pain over piriformis muscle, particularly over muscle attachment at the sacrum. Physical examination includes examining the hip and legs to check whether movement causes increased sciatica pain. This clinical presentation may be related either directly or indirectly to muscle spasm, resulting nerve compression, or both. This examination also rules out other causes of sciatica pain such as testing for muscle strength and local tenderness.

- **Medical history**

A history including review of patient's symptoms such as positions or activities making the symptoms better or worse, duration of the symptoms present, if they started gradually or after injury and different treatments tried and other predisposing factors like family history of arthritis.

- **Radiological tests**

In excluding other conditions like facet arthropathy, spinal stenosis, and lumbar muscle strain tests like CT, MRI, Ultrasound and EMG are helpful. However magnetic resonance neurography is a imaging technique that shows the presence of irritation to the sciatic nerve at the level of sciatic notch where the nerve passes under the piriformis muscle.^[9]

TREATMENT OF FAT WALLET SYNDROME^[7, 8]

- **Pharmacological therapy**

Acetaminophen and non steroidal anti inflammatory agents are the preferred drug of choices in management of fat wallet syndrome. Patients who are on NSAIDS compared to placebo had reduction of symptoms after one week of treatment. In addition to this muscle relaxants are also the drug of choice for patients with fat wallet syndrome. Patients on muscle relaxants had a fivefold symptom improvement by day 14 compared to placebo. Common side effects of NSAID'S are Diarrhea, headache, dizziness, elevated liver enzymes, high blood pressure. Other prospective treatments include prolotherapy (sclerotherapy) which includes injecting the irritating solution at the origin or insertion of ligaments to strengthen the damaged connective tissue. Infection is most commonly associated complication with this therapy.

- **Non pharmacological therapy^[11]**

Surgery

Surgery is the primary option for the patients where the other pharmacological treatments have failed to produce the desired therapeutic outcome. The goal of surgery in this condition is to minimize any tension under which the piriformis muscle may be placed, as well as to explore

the sciatic notch to ensure that there are no fibrous bands or constrictions compressing the sciatic nerve.

Stretching^[12]

Stretching is suggestive for every 2 to 3 waking hours. The muscle is stretched manually by applying pressure perpendicular to the long axis of the muscle and parallel to the surface of the buttocks until the muscle is relaxed. Stretching exercises will target piriformis and even hamstrings and hip muscle in order to adequately reduce the pain. Ice can be useful in patients when pain begins or instantly after an activity that causes pain.

Strengthening^[12]

Strengthening includes working on the hip abductors, external rotators and extensors. This treatment includes three phases: non-weight bearing exercises, ballistic exercises and weight bearing exercises. The purpose of non-weight bearing exercises is to emphasis on isolated muscle recruitment. Dynamic exercises and ballistic exercises consist of pylometrics.

PREVENTIVE STRATEGIES

- The best strategy is to remove wallet from back pocket and place it in other places like jacket pocket or front pocket.
- Instead of carrying fat wallet carry a thin wallet with required items like credit and debit cards and to remove extra stuff like photos, identity cards, visiting cards etc.
- Opt for digital wallet which is faster and more reliable just by storing all the required information in the digital wallet regarding cards, bills, coupons etc
- There are many security concerns with physical wallets like to forget a credit card at the restaurants and if someone steals the wallet, its mandatory to call and block the credit and debit cards individually.

CONCLUSION

The irony of life is often perplexing. We tend to pay more attention to the big things in life and often overlook the small stuff. Unfortunately, when it comes to health, size is often deceiving. Small things tend to cause big problems. A good example is the Fat Wallet Syndrome. There are many gaps in knowledge regarding piriformis syndrome. An increase in the breadth and depth of our understanding of this condition is necessary for optimal patient care. Additional research is needed for patients with piriformis syndrome, primarily concerning epidemiologic factors, risk factors, and optimal treatment. Piriformis syndrome remains a controversial topic, and though rare, is an important diagnosis to keep in mind for the patient with chronic buttock and hip pain.

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CONFLICT OF INTEREST

Nil.

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