

Case Report: Toilet Seat Neuropathy

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Abstract:

Here we present the case of a 45 year old female with no significant past medical history, who presented to an emergency department with a history of recurrent episodes of tingling in her bilateral lower extremities associated with sitting on her toilet seat. She noted that she tended to read while on the toilet. She would find herself distressed by the onset of tingling in her legs after 5 to 10 minutes of sitting. The symptoms would resolve after approximately 15 minutes of standing. On evaluation in the emergency department, she had a normal physical exam. A diagnosis of toilet seat neuropathy was made. Toilet seat neuropathy is a sciatic nerve neuropathy due to sitting on hard surfaces. Intermittent episodes of a bilateral lower extremity tingling with complete resolution with standing is the hallmark of toilet seat neuropathy. The patient was advised to purchase a padded toilet seat and to limit sitting time on the toilet seat as much as possible. At 4 week follow-up the patient related that she had immediately purchased a padded toilet seat and that she had experienced no further episodes. Evaluation by vascular surgery as an outpatient revealed no vascular issues. At six months the patient reported no further episodes since the initial ED evaluation. This case represented a more benign presentation of sciatic injury in that it was completely reversible. Awareness of the diagnosis can prevent unnecessary additional workup and can lead to a trial of a padded toilet seat and instruction to sit on the toilet seat as briefly as possible. Prolonged immobilization on a toilet seat can lead to rhabdomyolysis and a gluteal compartment syndrome.

Keywords: toilet seat neuropathy; sciatic neuropathy

Case Presentation:

A 45 year old female with no significant past medical history presented to an emergency department with a history of recurrent episodes of tingling in her bilateral lower legs associated with sitting on her toilet seat at home. She noted that she tended to read while on the toilet and would find herself distressed by the onset of tingling in her legs after 5 to 10 minutes of sitting. The symptoms would resolve after approximately 15 minutes of standing. She mentioned her symptoms to her daughter who strongly recommended immediate evaluation in the emergency department. The patient denied any residual focal motor or sensory symptoms. She denied a history of low back pain. She denied pain with walking or with exertion. She was not taking any medications and had no past medical history of hypertension, stroke, trauma, diabetes or vascular disease. She was not taking any prescription or over-the-counter medications and had no significant past surgical history. On physical exam, she was noted to be thin; however her BMI was within the normal range. Vital signs and physical examination with within normal limits. Specifically, the lower extremities showed normal motor power, normal sensation and normal reflexes. All pulses, including lower extremity

pulses, were full and normal. Laboratory results, including a complete blood count, basic metabolic panel and urinalysis were within normal limits. A diagnosis was made of toilet seat neuropathy. The patient was advised to purchase a padded toilet seat and to limit sitting time on the toilet as much as possible. She was referred to a vascular surgeon for evaluation. At 4 week follow-up the patient related that she had immediately purchased a padded toilet seat and that she had experienced no further episodes. Evaluation by vascular surgery as an outpatient revealed no vascular issues. At six months the patient reported no further episodes since the initial ED evaluation.

Discussion:

The patient's presentation was consistent with toilet seat neuropathy, which is felt to be a sciatic nerve neuropathy due to sitting on hard surfaces. Intermittent episodes of a bilateral lower extremity tingling with complete resolution with standing is the hallmark of toilet seat neuropathy. Use of a padded toilet seat has been recommended. [1]

Intermittent foot drop, resolving with standing, has also been described in association with prolonged sitting on a hard toilet seat. In this scenario, compression of the common peroneal nerve has been implicated. [2]

Several authors have described more complicated cases of toilet seat neuropathy. Jassal et al described the case of a 49 year old male who had been found at home sitting on the toilet for an unknown period of time. He was found to have generalized weakness and confusion. He had rhabdomyolysis and acute renal injury. He subsequently developed perineal gangrene. [3] Holland et al described a case of a 41 year old male who fell asleep sitting on a toilet seat after alcohol and oral benzodiazepine ingestion. He also developed rhabdomyolysis and went on to develop a gluteal compartment syndrome. He had significant sciatic neuropathy. [4] Two cases of complicated toilet seat neuropathy were described by Tyrrell et al. Both patients had long periods of immobilization on a toilet seat in association with substance abuse. [5]

A recent survey reports that 75 percent of Americans stated that they use their mobile phones while in the bathroom. [6] It is possible that this will lead to more sitting time on hard toilet seat surfaces and may lead to more cases of toilet seat neuropathy.

Conclusions:

Here we present the case of a patient with toilet seat neuropathy, which is felt to be a sciatic nerve neuropathy due to sitting on hard surfaces. This case represented a more benign presentation of sciatic injury in that it was completely reversible. Awareness of the diagnosis can prevent

unnecessary additional workup and can lead to a trial of a padded toilet seat and instruction to sit on the toilet seat as briefly as possible. Prolonged immobilization on a toilet seat can lead to rhabdomyolysis and a gluteal compartment syndrome.

Conflicts of Interest:

The authors declare that they have no conflicts of interest.

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