A 57-year-old woman with piriformis syndrome and neuropathic fibular pain was found to have high branching of the common fibular nerve division of the sciatic nerve above a bifed piriformis muscle leading to entrapment neuroimaging studies. This was successfully treated with corticosteroid injection in the vicinity of the piriformis muscle and along the sciatic perineurial space under ultrasound guidance.

DISCUSSION

Treatable unilateral sciatica and neuropathic pain has been causally associated with anomalous anatomy of the piriformis muscle and sciatic nerve. A study of 168 cadaveric dissections showed division of the sciatic trunk above the IF into a fibular component that...
pierced the piriformis muscle leading to possible entrapment, while the tibial component exited normally\(^6\). Chen\(^7\) noted sciatic nerve entrapment through a bifid piriformis muscle at surgical exploration for progressive sciatic neuropathy in one patient who improved with surgical resection of the lower muscle belly. There is a rat model of sciatic mononeuropathy due to experimental chronic constriction injury in which morphological and functional nerve changes were associated with hyperalgesia and allodynia similar to the distal fibular neuropathic complaints in the present patient\(^8\).

**CONFLICT OF INTERESTS**

The Author has no conflicts of interest to declare.

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