Teaching NeuroImages:

Lumbar nerve roots metastasis from prostatic adenocarcinoma

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Figure Lumbar nerve roots metastasis from prostatic adenocarcinoma

(A) T1-weighted gadolinium-enhanced MRI demonstrating abnormally swollen L4 and L5 nerve roots on the left (arrow). (B) Fludeoxyglucose-PET showed abnormal uptake (standardized uptake value; 4.11) in L4 and L5 nerve roots (circle). (C) Immunostaining by prostate-specific antigen (PSA) antibody showed PSA-positive malignant cells ($\times 1,000$).

A 74-year-old man had radiculitis in the left lower extremity for 1 year. He had undergone radical prostatectomy for prostatic adenocarcinoma 8 years previously. MRI and fludeoxyglucose (FDG)-PET

revealed abnormal swelling and FDG uptake in the left L4 and L5 nerve roots without other systemic metastases (figure, A and B). Although CSF was normal except for high prostate-specific antigen level,

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metastatic prostate carcinoma was diagnosed via needle biopsy as diagnosis with CSF was not routinely performed¹ (figure, C). He was treated with luteinizing hormone-releasing hormone agonist without deterioration. Lumbar nerve roots metastasis should be considered in patients with a history of prostate cancer and radicular symptoms.²

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