T-cell neurolymphomatosis involving cauda equina and sciatic nerves

Figure CT-PET fusion images showing increased fluorodeoxyglucose (FDG) uptake in the sciatic nerves and cauda equina (arrows)

Left: Transaxial and coronal images demonstrate increased uptake in the distal sciatic nerves (arrows). Right: Sagittal image demonstrating increased uptake in the cauda equina (arrow) and multiple other areas (asterisks).

A 60-year-old man with T-cell lymphoma post chemotherapy presented with progressive left greater than right lower extremity weakness and allodynia. Fluorodeoxyglucose-PET was consistent with neoplastic infiltration of multiple lumbosacral roots and sciatic nerves (figure). Spinal fluid cytology showed malignant T-cells, supporting the diagnosis of neurolymphomatosis. Resolution of the imaging abnormalities and clinical improvement occurred following high dose intrathecal methotrexate.

Neurolymphomatosis is an especially rare complication of T-cell malignancies.¹ If spinal fluid cytology cannot make the diagnosis, as in this case, radiographic directed proximal nerve and root biopsy may be helpful.²

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