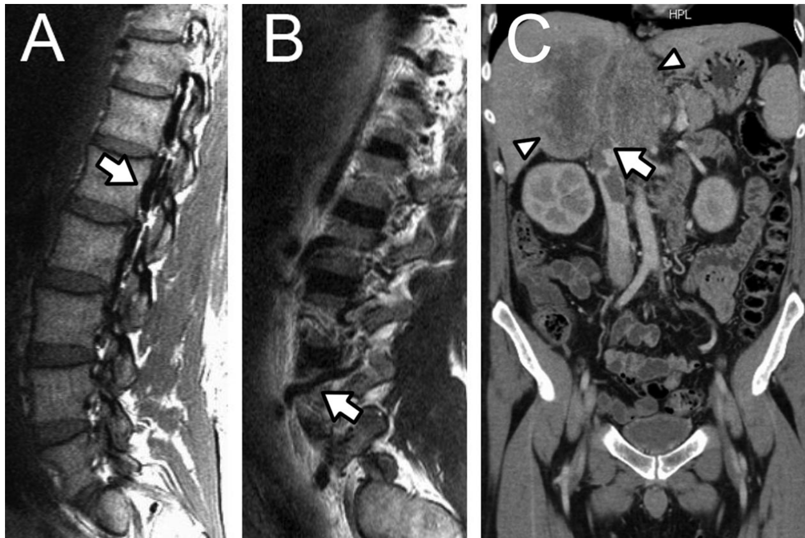
Congestive radiculopathy

Figure T1-weighted sagittal MRI, T2-weighted parasagittal MRI, and coronal reconstructed CT



T1-weighted sagittal MRI: enlarged lumbar epidural veins (arrow) compressing the dural sac (A). T2-weighted parasagittal MRI: enlarged lumbar veins entering the neuroforamina (arrow) in TH12-L5 (B). Coronal reconstructed CT: extensive thrombosis of the inferior vena cava (arrow). Hypodense intrahepatic metastatic lesion (arrowheads) (C).

A previously healthy 34-year-old man was referred for suspected lumbar canal stenosis. He presented with a 2-month history of exercise-induced lower back pain radiating to the thighs and a sensation of constriction in the lower abdomen, readily subsiding in the supine position. Neurologic examination was normal. MRI showed engorged venous vessels but no lumbar stenosis or disc protrusion (figure). He subsequently developed jaundice and generalized pruritus. Abdominal imaging revealed large intrahepatic lesions compressing an extensively thrombosed inferior vena cava. Histologic diagnosis was moderately differentiated adenocarcinoma. Congestive radiculopathy should be considered especially in younger patients with pain localization atypical of lumbar canal stenosis.[1]

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