T-cell neurolymphomatosis involving cauda equina and sciatic nerves

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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Disclosure: The authors report no disclosures.

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Neurology 2009;72;98
DOI 10.1212/01.wnl.0000338598.07063.5b

This information is current as of January 2, 2009