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,
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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