Diabetic lumbosacral plexopathy is a well-recognized subacute, painful, asymmetric lower limb neuropathy associated with type II diabetes mellitus. MRI findings of lumbosacral plexopathies have rarely been reported. A 60-year-old man with diabetes experienced subacute right L4 dermatome dysesthesias, as-
associated with right lower extremity weakness graded on the Medical Research Council scale as 3/5 in the psoas, 0/5 in the quadriceps femoris, and 3/5 in the thigh adductors. Electromyography revealed evidence of widespread spontaneous activity in the same muscles. MRI disclosed abnormalities in the right L4 root and lumbar plexus (figure 1). A CT-guided steroid injection of triamcinolone acetonide 80 mg into the L4 nerve root sheet (figure 2, A and B) resulted in a reduction in the patient’s symptoms. A repeat MRI performed 1 month after the injection demonstrated marked reduction of radiologic abnormalities (figure 2, C and D); the patient’s dysesthasias resolved along with an improvement in muscle strength to 4/5 in the psoas and thigh adductors as well as 1/5 in the quadriceps. At last follow-up, 3 months after the injection, muscle strength was further improved (4/5 in the psoas, 2/5 in the quadriceps femoris, and 5/5 in thigh adductor muscles). Local CT-guided injection of corticosteroids may be a means of reducing the patient’s symptoms while minimizing the systemic side effects of oral or IV steroid therapy. This case study’s findings need to be confirmed in a randomized, double-blind, placebo-controlled trial.

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