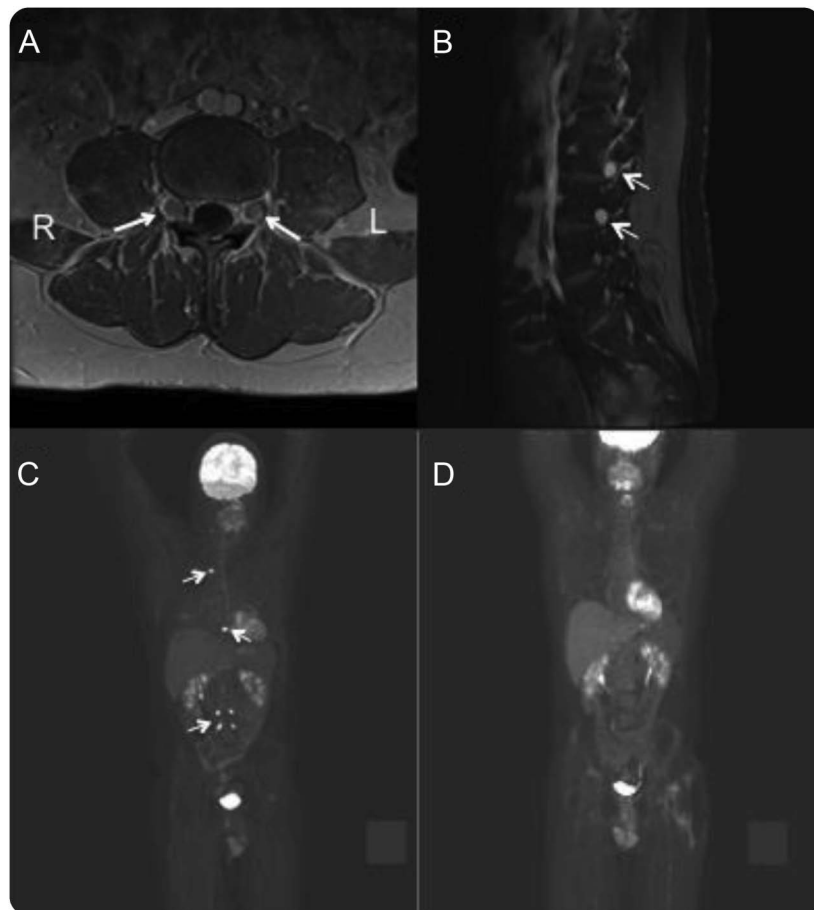


Pure sensory ganglionopathy as the first sign of relapse in non-Hodgkin lymphoma

Figure MRI lumbar spine with contrast and ^{18}F FDG-PET



Enlarged and enhancing dorsal root ganglia at L3, L4 in (A) axial and (B) sagittal views. FDG uptake at T2, T8, and L3-L4 dorsal root ganglia (C) before and (D) after radiation therapy.

A 34-year-old man with diffuse large B-cell lymphoma in complete remission presented with painful paresthesias of the thorax and proximal legs with loss of patellar reflexes bilaterally. Laboratory studies showed no evidence of autoimmune or infectious processes. CSF cytology was unremarkable. MRI showed enlarged, enhancing dorsal root ganglia (DRG) at L3-L4 bilaterally (figure, A). Whole-body PET showed avidity in these nerve roots and in T2 and T8 (figure, C). Abnormalities on nerve conduction studies were isolated to sensory nerves affecting the same roots. Sensory ganglionopathies can occur with lymphomatous infiltration of the DRG, known as neurolymphomatosis, and can be the initial manifestation of lymphoma relapse.^{1,2}

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