

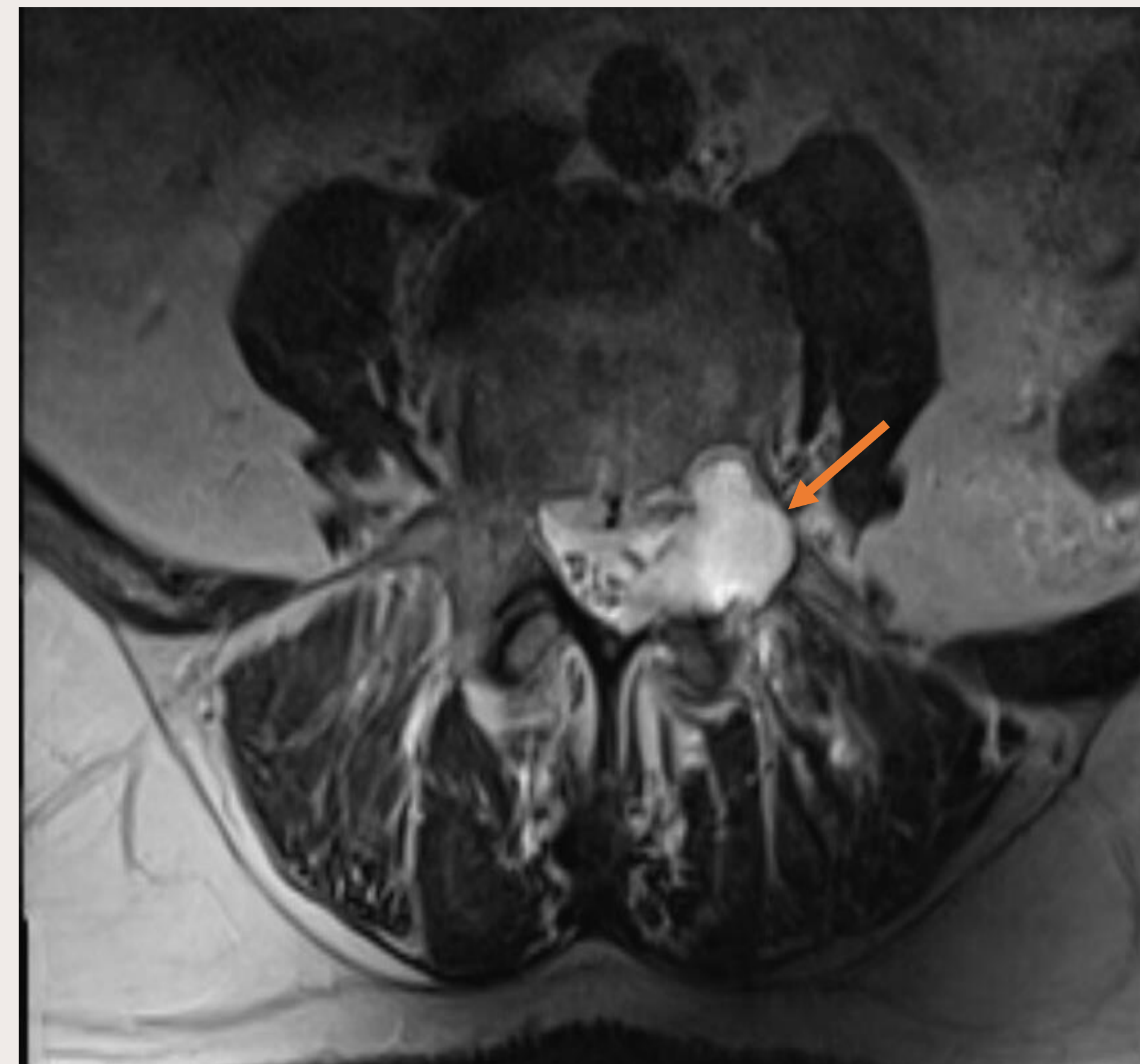
Patient with Recently Diagnosed Prostate Cancer Presenting With Lumbar Radiculopathy Caused by a Cystic Neurogenic Tumor

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INTRODUCTION

- ❑ Lumbar Radiculopathy is common and encountered in 3-5% of the population
- ❑ Causes can be numerous including disc herniation, spondylolisthesis, neoplasms, facet arthrosis or anything causing compressive forces on a nerve root causing irritation.

Image 1



CASE DESCRIPTION

- ❑ 55 year old male with a history of recently diagnosed prostate cancer presented to the pain clinic with chronic low back pain with recent left lower extremity radicular symptoms.
- ❑ MRI of his lumbar spine revealed a multicystic mass lesion involving the left L4 nerve root foramen and posterior paraspinal soft tissues, with a multilobular appearance and patchy enhancement. Compared to his recent PET scan it was noted this area was overall negative on the PSMA PET.
- ❑ Patient was then referred to neurosurgery for evaluation who recommended serial MRI to ensure the mass is not enlarging. Repeat MRI 6 month later showed the lesion was stable but at this time imaging was consistent with a cystic neurogenic tumor such as a schwannoma.
- ❑ Patient was sent to follow up with neurooncology where it was revealed that he also had a history of a cutaneous schwannoma removed
- ❑ It was elected to continue serial imaging of his Lumbar spine and to send the patient for genetic testing for schwannomatosis

DISCUSSION

- ❑ It's important to keep a wide differential, especially when evaluating patients with increased risk for rarer pathologies.
- ❑ This case highlights that advanced imaging should be considered earlier in certain patients.
- ❑ Patients with history of cutaneous schwannomas may benefit from advanced imaging earlier as they may have underlying schwannomatosis.