



Figure. The coronal view of fat suppression T1 weighted image with gadolinium enhancement shows increased intensities of lumbar plexus mainly located in left L4 (A). Six months after treatment, the enhancement of left lumbar plexus had disappeared (B).

MRI of idiopathic lumbosacral plexopathy

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Idiopathic lumbosacral plexopathy is characterized by an abrupt onset of sensory disturbances, weakness, and loss of deep tendon reflexes of lower extremities, the serial MRI alterations of which have rarely been reported.¹

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A 43-year-old woman experienced a sudden onset of lumbago, inguinal pain, and dysesthesia in the left L3 and L4 dermatomes with weakness of left iliopsoas and quadriceps muscles. Lumbar MRI revealed abnormalities in the left lumbar plexus (figure). Pulse steroid therapy and IV administration of high-dose immunoglobulin alleviated the symptoms² and the sensorimotor disturbances of her left leg, and abnormalities of lumbar MRI were completely eliminated 6 months later.

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