

가 , 25 , 60 가 15 , 2 6 , 4 가 0.5% , 4,400/ μ l, 203,000/ μ l 가 (Fig. 1A, B).

(1, 2). , 25~50% 가 가 10.7g/dL, 40%) 가 33,000/ μ l, (60%, 가 CD 33 (cistern) (1). (methotrexate) ara - C 9

(Fig. 1C, D).

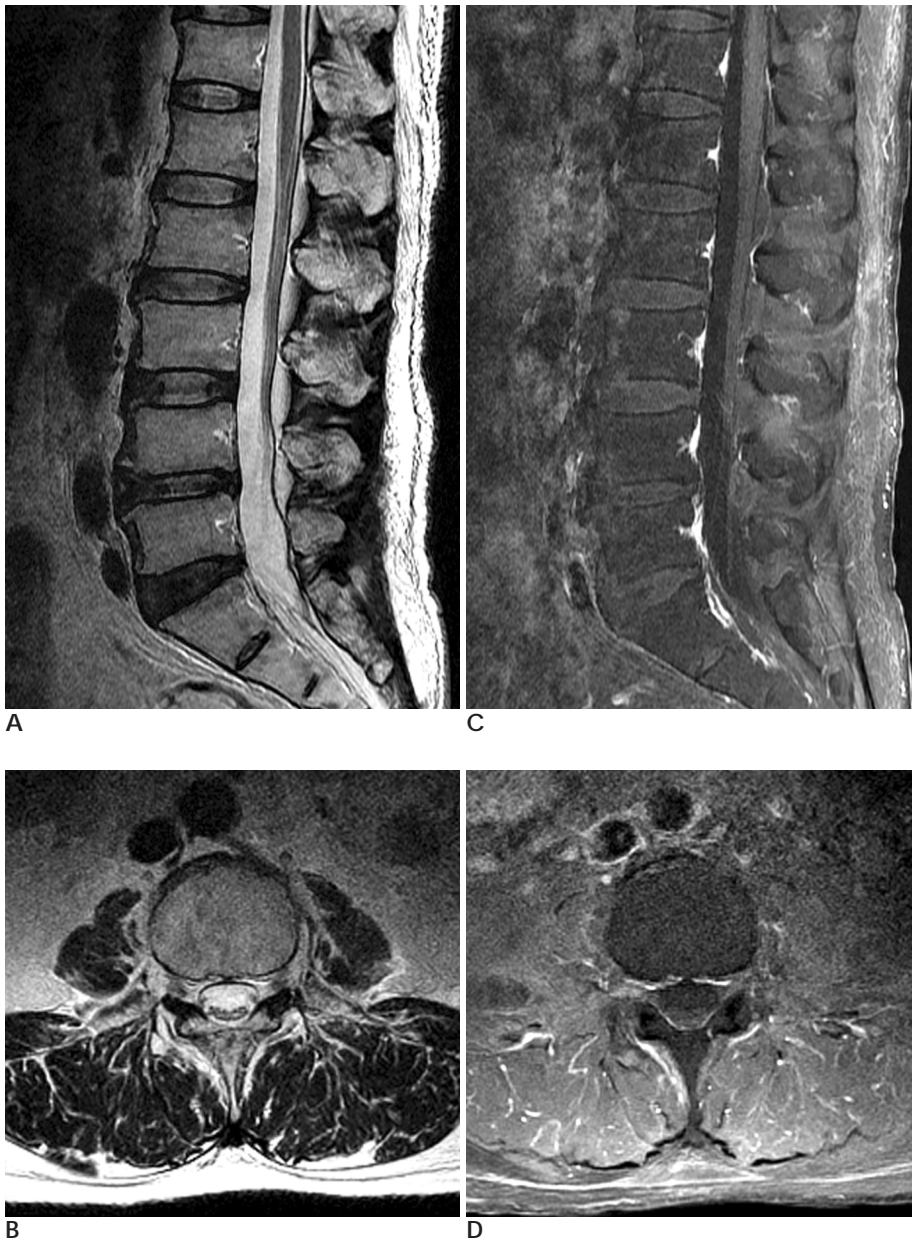


Fig. 2. Follow-up MR images after remission.

A, B. Sagittal and axial T2-weighted images of the lumbar spine show disappearance of diffuse thickening of nerve roots.

C, D. Sagittal and axial contrast-enhanced T1-weighted images with fat suppression show no significant enhancement along the nerve roots.

가 ,
(1). ,
가, , , , . T1
, , (1, 5). , T2
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(1). (1).
(1).

1. Ginsberg LE, Leeds NE. Neuroradiology of leukemia. *AJR Am J Reontgenol* 1995;165:525-534

2. Hehlmann R, Hochhaus A, Baccarani M, European LeukemiaNet. Chronic myeloid leukaemia. *Lancet* 2007;370:342-350

3. Altintas A, Cil T, Kilinc I, Kaplan MA, Ayyildiz O. Central nervous system blastic crisis in chronic myeloid leukemia on imatinib mesylate therapy: a case report. *J Neurooncol* 2007;84:103-105

4. Merat KE, Evelyn LM, Janice PD, Peter HW. Blastic phase of Chronic myelogenous leukemia current treatment options. *Oncology* 2006;7:189-199

5. Wetzler M, Byrd JC, Bloomfield CD. *Acute and chronic myeloid leukemia*. In Braunwald E, Fauci A, Kasper DL, Hauser SL, Longo DL, Jameson JL. *Harrison's principles of internal medicine*. 15th ed. New York: McGraw-Hill, Medical Pub. Division, 2001:706-714

6. Kretzer RM, Burger PC, Tamargo RT. Hypertrophic neuropathy of the cauda equina: case report. *Neurosurgery* 2004;54:515-519

7. Burton M, Anslow P, Gray W, Donaghy M. Selective hypertrophy of the cauda equina nerve roots. *J Neurol* 2002;249:337-340

8. Carlson CL, Hartman R, Ly JQ, Beall DP. Primary leptomeningeal lymphoma of the lumbar spine. *Clin Imaging* 2003;27:389-393

9. Abrey LE, Rosenblum MK, DeAngelis LM. Sarcoidosis of cauda equina mimicking leptomeningeal malignancy. *J Neurooncol* 1998;39:261-265

10. Onal IK, Shorbagi A, Goker H, Buyukasyk Y, Ozcakar L, Tufan A, et al. Cauda equina syndrome as a rare manifestation of leukemia relapse during postallograft period. *J Natl Med Assoc* 2006;98:808-810

J Korean Radiol Soc 2008;59:5 - 8

Leukemic Meningitis Involving the Cauda Equina: A Case Report¹

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The CNS involvement by leukemia may either be meningeal or parenchymal, although meningeal infiltration of leukemic cells, known as leukemic meningitis is more common. We report a case of leukemic meningitis involving the cauda equina in a patient with an acute lymphoblastic crisis which transformed from the chronic phase of chronic myeloid leukemia. An MR image revealed diffuse enlargement and peripheral ring enhancement of the nerve roots of the cauda equina.

Index words : Leukemia
Meningitis
Cauda equina
Magnetic resonance (MR)

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