On-line Table: Diagnoses and MRI features in 23 patients with clinical presentation of peripheral neuropathy or plexopathy

Nerve or Plexus Lesions Suspicious for Tumor	No. of Patients	Conventional Imaging Features[a]		
		T2	Enhancement	Morphology, Location
Group 1: Benign tumors				
Primary nerve sheath tumor, benign				
Schwannoma[b]	4	+	+	Well-defined round mass along left median nerve (Fig 2)
		+	+	Well-defined round mass within expanded right L4–L5 neural foramen
		+	+	Poorly defined retroperitoneal mass extending from right S1 neural foramen to sciatic notch; heterogeneity and poorly defined borders may be due to prior resection
		+	+	Well-defined round mass abutting anterior aspect of right L5 and S1 vertebral bodies; mildly heterogeneous T2 signal
Neurofibroma[b]	1	+	+	Well-defined elongated mass along left S1 nerve and left sciatic nerve (Fig 3)
		+	+	Well-defined elongated mass along right S1 nerve, extending from right S1 neural foramen to retroperitoneum
Mass with MRI features of nerve sheath tumor and long-term stability with no progressive symptoms[c]	5	+	+	Well-defined bilobed mass enlarging the L4–L5 neural foramen; small central area of hypoenhancement
		+	+	Poorly defined mass along extraforaminal left L5 and S1 nerves extending into left sciatic nerve; poorly defined borders may be due to prior resection
		+	+	Well-defined fusiform masses along C5–C7 nerve roots extending into superior and middle trunks
		+	+	Well-defined ovoid mass along left brachial plexus, at the division level just distal to the superior trunk
Group 2: Malignant tumors				
Primary nerve sheath tumor, malignant				
Malignant peripheral nerve sheath tumor[b]	1	+	±	Well-defined, large, round retroperitoneal mass extending from widened right L2–L3 neural foramen; central nonenhancing area, likely necrosis (Fig 5)
Metastatic disease and lymphoma/leukemia				
Acute lymphoblastic leukemia[c]	1	+	+	Thickened enhancing left C6–C8 nerve roots and superior, middle, and inferior trunks
Rhabdomyosarcoma[b]	1	+	+	Enlarged, heterogeneously enhancing T2 hyperintense left sciatic nerve and left L5 and S1 nerve roots
Metastatic breast cancer, brachial[b] or lumbosacral[c] plexus	2	+	+	Mildly T2 hyperintense enhancing left S1, S2 nerves with loss of surrounding fat planes (Fig 9*A*, *-B*)
		+	+	Thickened enhancing right C8–T2 nerves and inferior trunk (Fig 7)
Metastatic renal cell carcinoma[b]	1	+	+	Well-defined round mass along left C6 nerve root with mildly enlarged left C5–C6 neural foramen (Fig 4)
Diffuse large B-cell lymphoma[b]	1	+	−	Well-defined nonenhancing T2 hyperintense round mass in right sciatic notch (Fig 6)
Group 3: Postradiation changes				
Postradiation brachial or lumbosacral plexopathy following radiation for prior breast cancer ($n = 3$), sarcoma ($n = 1$), oral squamous cell carcinoma ($n = 1$), and Hodgkin lymphoma ($n = 1$)[c,d]	6	+	+	Markedly thickened, T2 hyperintense, enhancing right C4–C8 roots, trunks, divisions, cords
		+	±	Thickened, T2 hyperintense enhancing right C5–C7 nerve roots and superior and middle trunks; T2 hyperintense nonenhancing masslike soft tissue surrounding the right plexus (Fig 8)
		+	+	Prominent T2 hyperintense right C6–C8 nerves with patchy enhancement
		+	+	Prominent T2 hyperintense right C6–C8 nerves with patchy enhancement
		+	+	T2 hyperintense mildly enhancing right C6 and C7 nerves
		+	+	Left S1 and S2 nerves with previous metastatic infiltration (Fig 9*A*, *-B*), status postradiation therapy (Fig 9*C*, *-D*)

Note:—+ indicates predominantly homogeneous T2 hyperintensity relative to muscle ("T2" column) or predominantly homogenous enhancement ("Enhancement" column); ±, presence of both enhancing and nonenhancing areas; –, no enhancement.

[a] All lesions were nearly T1 isointense to muscle tissue.

[b] Biopsy-proven.

[c] Presumptive diagnosis for nonbiopsy-proven lesions was made through long-term clinical and imaging follow-up ($n = 10$; mean follow-up, 40 ± 31 months) or intermediate-term follow-up supplemented by PET, neurological exam, and/or nerve conduction studies ($n = 3$; mean follow-up, 4 ± 1 months).

[d] Mean time from radiation therapy to clinical presentation was 4.5 years; range, 5 months to 12 years.