The incidence of central nervous system (CNS) metastases has increased steadily since 1999, likely because of the use of drugs with poor access to the CNS as well as the successful treatment of extraneural cancers, resulting in longer survival. Lymphomatous meningitis is a profoundly morbid and often fatal CNS metastasis that develops in at least 4%–8% of patients with non-Hodgkin lymphoma. Risk factors for lymphomatous meningitis include uncontrolled systemic and extranodal disease, testicular and parasinus tumors, and being younger than age 60. A high index of suspicion for the condition may result in earlier detection and improved outcome. Lymphomatous meningitis diagnostic methods include a thorough neurologic examination, magnetic resonance imaging (MRI), and multiple samplings of cerebrospinal fluid (CSF). Treatment regimens typically include radiation to areas of bulky disease or intrathecal chemotherapy. Available chemotherapeutic agents include methotrexate, cytarabine, and liposomal cytarabine. In addition to follow-up CSF and MRI monitoring, questioning patients and caregivers can provide insight into treatment response in terms of quality of life. Special care to avoid a nihilistic outlook in patients and clinicians is essential in treating patients with lymphomatous meningitis.