A 64-year-old man developed glove and stocking-type numbness, painful weakness and muscle atrophy of the left arm, and dropping of the left foot during remission of diffuse large B cell lymphoma. Neurological and electrophysiological examinations indicated peripheral neuropathy, mainly involving the left brachial plexus. F-18 fluorodeoxyglucose positron emission tomography (FDG-PET) demonstrated a linear lesion along the left brachial plexus suggesting neurolymphomatosis (Fig. 1A) (1), although magnetic resonance imaging, computed tomography, and other laboratory studies did not show any evidence of lymphoma recurrence. Sural nerve biopsy confirmed infiltration of lymphoma cells within the nerve on hematoxylin-eosin staining (Fig. 1B), and these cells were immunopositive for an anti-CD20 antibody (Fig. 1C). FDG-PET would be helpful for the diagnosis of neurolymphomatosis (2-5). Moreover, FDG-PET could be highly useful for identifying the distribution of affected nerves because biopsy of the affected nerves or plexus is generally associated with a risk of irreversible damage.

References

4. Bokstein F, Goor O, Shihman B, et al. Assessment of neurolym-