Bilateral Facial Nerve Palsy Caused by a Metastatic Malignant Lymphoma

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Key words: bilateral facial nerve palsy, malignant lymphoma, MRI

A 61-year-old man with a history of chemotherapy for diffuse large B cell lymphoma acutely developed bilateral facial nerve palsy (BFNP). Although serum soluble interleukin-2 receptor levels were elevated (2,665 IU/L, normal <530) before the initiation of chemotherapy, they were within the normal range at the onset of facial diplegia. FDG-PET (2-\[^{18}\text{F}]\)-fluoro-2-deoxy-D-glucose-positron emission tomography) suggested no systemic recurrence. The cerebrospinal fluid showed lymphocytosis (919 cells/mm\(^3\)) with many lymphoblasts (arrows in Picture 1). Gadolinium-enhanced, fat-saturated MRI (magnetic resonance imaging) of the brain revealed abnormally enhanced facial nerves (arrows in Picture 2). Although intrathecal methotrexate improved the symptoms, the patient developed multiple cranial neuropathies and lumbar radiculopathy several weeks later. Various diseases can cause BFNP, and most are benign and self-limited (1). In contrast, the present finding emphasizes the importance of being aware that malignant lymphomas often invade the central nervous system and can cause isolated neurologic symptoms such as BFNP, even during a period of remission (2).

We obtained written informed consent from the patient to publish the patient’s clinical details in this paper.

The authors state that they have no Conflict of Interest (COI).

References


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Received for publication May 27, 2011; Accepted for publication June 23, 2011

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