Acute Brachial Plexopathy Caused by Burkitt's Lymphoma Infiltration

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Picture.

A 63-year-old woman presented with weakness in the deltoid and biceps brachii muscles and paresthesia in the radial forearm which had progressed over the previous one week. She was initially suspected as having brachial plexus neuritis and was admitted to our hospital. Brachial plexus MRI

with turbo short tau inversion recovery (STIR) and fluorodeoxy glucose-positron emission tomography (FDG-PET) disclosed a nodular mass that compressed the right upper trunk of the brachial plexus (Picture). CT revealed an ileocecal tumor, a biopsy of which showed histological evidence of Burkitt's lymphoma. The patient was treated with chemotherapy consisting of "Hyper CVAD" (cyclophosphamide, vindesine, adriamycin and dexamethasone), resulting in reduction of the size of the lymph node and gradual improvement in muscle weakness and sensory disturbance. STIR MRI is a useful screening technique for detecting enlarged cervical lymph nodes in the brachial plexus (1, 2). The present case suggests that, in patients with brachial plexopathy, the use of STIR MRI is informative for making a differential diagnosis between brachial plexus neuritis and compressive plexopathy.

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

References

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