A 78-year-old Japanese woman presented with dyspnea and was diagnosed with intravascular large B-cell lymphoma (IVLBC) based on a transbronchial biopsy (1). The patient exhibited no neurologic symptoms except for a slightly diminished auditory sensitivity. Skin and bone marrow biopsies were negative for lymphoma cell infiltration. Magnetic resonance imaging (MRI) revealed a hyperintense lesion in the pons on the T2-weighted images (Picture A) and diffusion-weighted images (Picture B), and a low signal (0.506×10^{-3} mm²/s) in the apparent diffusion coefficient mapping (Picture C), indicating positive diffusion restriction. The lesion lacked enhancement with contrast media (Picture D). Cerebrospinal fluid involvement was not detected by a flow cytometric analysis. The lesion was diminished after three cycles of CHOP chemotherapy with rituximab. Hyperintense lesions in the pons have been reported in several IVLBC patients, for which the pathogenesis has been assumed to be venous congestion following vascular occlusion.
by tumor cells (2). Although previously reported cases with such pontine lesions lacked diffusion restriction, it was positive in our patient, thus suggesting a possible diversity in the MRI findings of pontine lesions.

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

References