Neurolymphomatosis in Intravascular Large B-cell Lymphoma

Toru Miyajima¹, Hiroyuki Ohigashi¹, Hiroaki Yaguchi² and Takanori Teshima¹

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A 36-year-old woman received chemotherapy for newly diagnosed intravascular large B-cell lymphoma with central nervous system involvement. She developed tingling and weakness in her legs during recovery from myelosuppression of the second cycle. Fluorodeoxyglucose positron emission tomography/computed tomography was performed, which revealed metabolic complete remission. Her symptoms deteriorated and extended to her arms with intolerable pain as well as unilateral facial weakness and difficulty swallowing after several weeks. Brain magnetic resonance imaging (MRI) showed no new lesions. MR neurography (Picture 1) revealed bilateral irregular enlargement of the lumbosacral plexus that was enhanced on coronal gadolinium-enhanced T1-weighted MRI (Picture 2, 3) and compatible with a diagnosis of neurolymphomatosis (1, 2). She succumbed to relentless progression despite subsequent chemotherapy. Our case highlights the importance of selecting the affected nerve properly and performing MR neurography and gadolinium-enhanced MRI if neurolymphomatosis is highly suspected.

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¹Department of Hematology, Hokkaido University Graduate School of Medicine, Japan and ²Department of Neurology, Hokkaido University Graduate School of Medicine, Japan

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Correspondence to Dr. Toru Miyajima, tom1006001@gmail.com
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References

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