31st ANNUAL CONFERENCE OF ANDHRA PRADESH NEURO SCIENTISTS ASSOCIATION

[Title of the E-Poster]

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INTRODUCTION

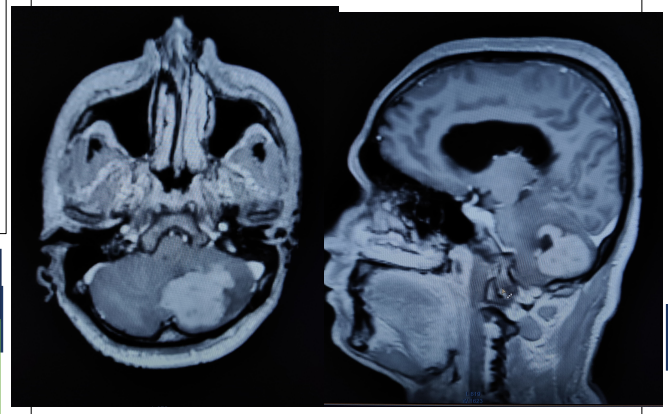
Primary central nervous system lymphoma (PCNSL) is a rare, malignant NHL that is confined to the central nervous system. Most cases are diffuse large B-cell lymphoma. PCNSL is an aggressive tumor that extensively invades the parenchyma but by definition remains confined within the central nervous system. :- PCNSL presents as a solitary lesion in 60–70% of patients, most commonly in the hemispheres (38%), thalami/basal ganglia (16%), corpus callosum (14%), periventricular regions (12%), and rarely in the cerebellum (9%].

CASE REPORT

A 35-year male presented to the neurosurgery OPD with chief complaint of ataxia, dizziness, headache, vomiting since 1 month. On examination, there were intentional tremors and swaying towards left side with positive cerebellar signs. The patient was started empirically on steroids for his vasogenic edema, which produced rapid improvement in his symptoms.

INVESTIGATIONS

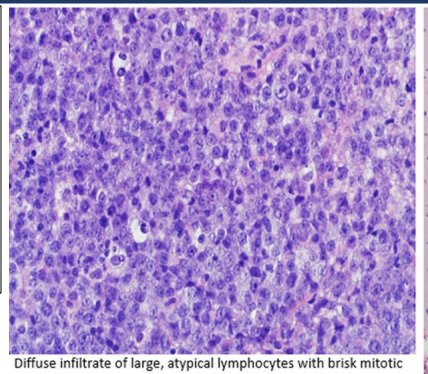
NCCT: SOL in left cerebellum with surrounding vasogenic oedema.
MRI: well defined lesion which is heterogeneously hyperintense on T2, isointense on T1 with perilesional edema approximately measuring 4.5 x 3.7 cm causing compression on fourth ventricle. On contrast, heterogenous enhancement is noted.



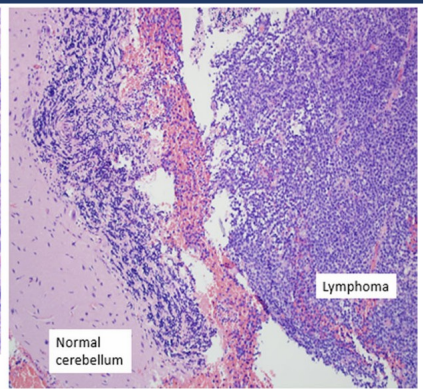
Approach: The patient underwent midline sub occipital craniotomy with partial resection of the visible tumour in the left cerebellum..

RESULTS & DISCUSSION

HPE: small blue round cell neoplasm with immunohistochemistry being consistent of diffuse large B-cell lymphoma, non-germinal centre type



Diffuse infiltrate of large, atypical lymphocytes with brisk mitotic activity



DISCUSSION

PCNSL is a malignant NHL. It was first described by Bailey in 1929 as perivascular sarcoma. The vast majority (90%) of cases are diffuse large B-cell lymphomas. Less common variants include Burkitt, T-cell, immunoblastic, or low-grade malignant B-cell lymphomas. PCNSL can arise in the brain, spinal cord, eyes, cranial nerves, or meninges. The aggressive parenchymal involvement of PCNSL almost always invades only locally, rarely metastasizing outside the nervous system. PCNSL itself is rare, comprising only 2–6% of all primary brain tumors and 1 2% of all NHLs. However, its incidence is rising the fastest among all intracranial tumors. The median age at diagnosis is 53–57 years in immunocompetent patients whereas in immunocompromised patients, the median age at diagnosis is 31–35 years with a clear male predominance. Immunocompromise in these patients is typically secondary to HIV, organ transplant, or a primary immunodeficiency syndrome such as ataxia telangiectasia; severe combined and common variable immunodeficiency; Wiskott-Aldrich syndrome; or autoimmune diseases such as rheumatoid arthritis, systemic lupus erythematosus, myasthenia gravis, and sarcoidosis