

INTRODUCTION

- Primary spinal diffuse large B-cell lymphoma (DLBCL) is an exceptionally rare malignancy, particularly immunocompetent individuals.
- This case report presents the clinical course, surgical management, and adjuvant treatment of a 61-year-old patient diagnosed with L5-S1 extradural primary spinal DLBCL, presented with progressively worsening lower back pain, radiculopathy, and motor weakness.
- MRI revealed an extradural mass at the L5-S1 level, causing significant spinal canal compression.
- Biopsy confirmed the diagnosis of diffuse large B-cell lymphoma.

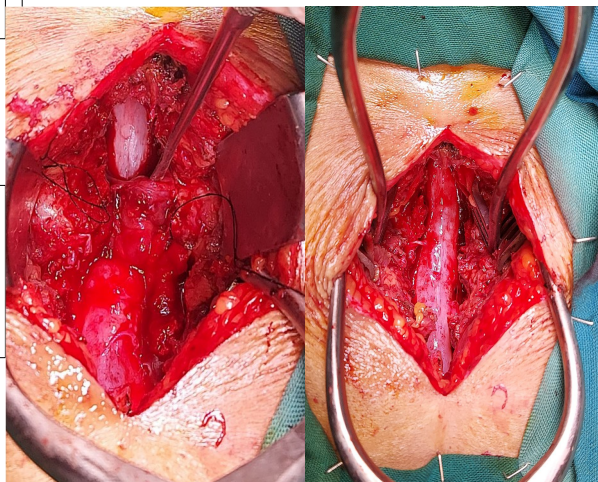
AIMS / OBJECTIVES

- To represent optimal management for primary spinal diffuse large B-cell lymphoma (DLBCL).

MATERIALS / METHODS

- The patient underwent surgical excision of the tumor to decompress the spinal cord and achieve a histopathological diagnosis.
- Post-surgical management included adjuvant chemo-radiation therapy, following the standard CHOP regimen (cyclophosphamide, doxorubicin, vincristine, and prednisone) combined with localized radiation to the affected spinal segment.

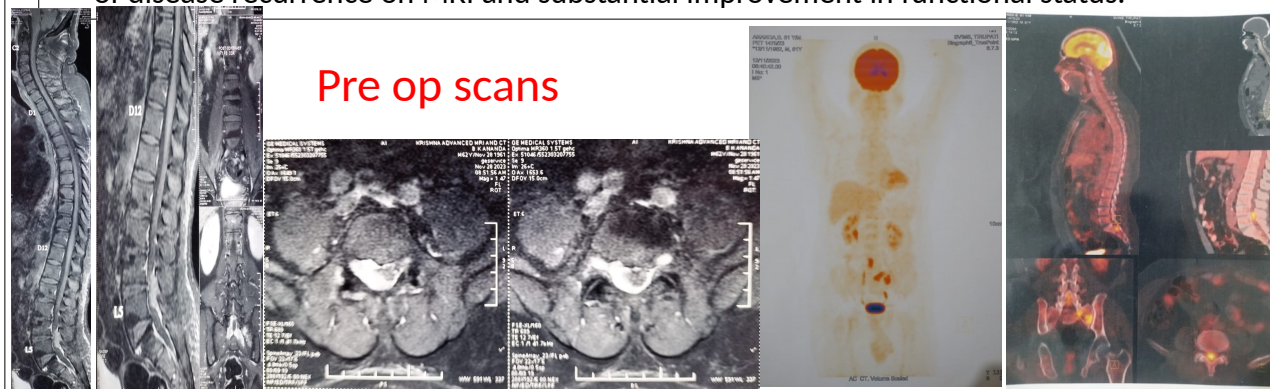
Intra operative



RESULTS & DISCUSSION

- The surgical excision was successful, with complete resection of the extradural mass. Postoperative recovery was uneventful, with significant improvement in neurological symptoms.
- The patient tolerated the adjuvant chemo-radiation therapy well, with no significant adverse effects.
- At the 12-month follow-up, the patient remained in complete remission, with no evidence of disease recurrence on MRI and substantial improvement in functional status.

Pre op scans



CONCLUSION

- This case underscores the rarity of primary spinal DLBCL in immunocompetent patients and highlights the importance of a multidisciplinary approach combining surgical excision and adjuvant chemo-radiation.
- Early diagnosis and comprehensive treatment can lead to favorable outcomes in such rare and challenging cases.
- Further studies are needed to establish standardized treatment protocols for primary spinal DLBCL in immunocompetent individuals.