

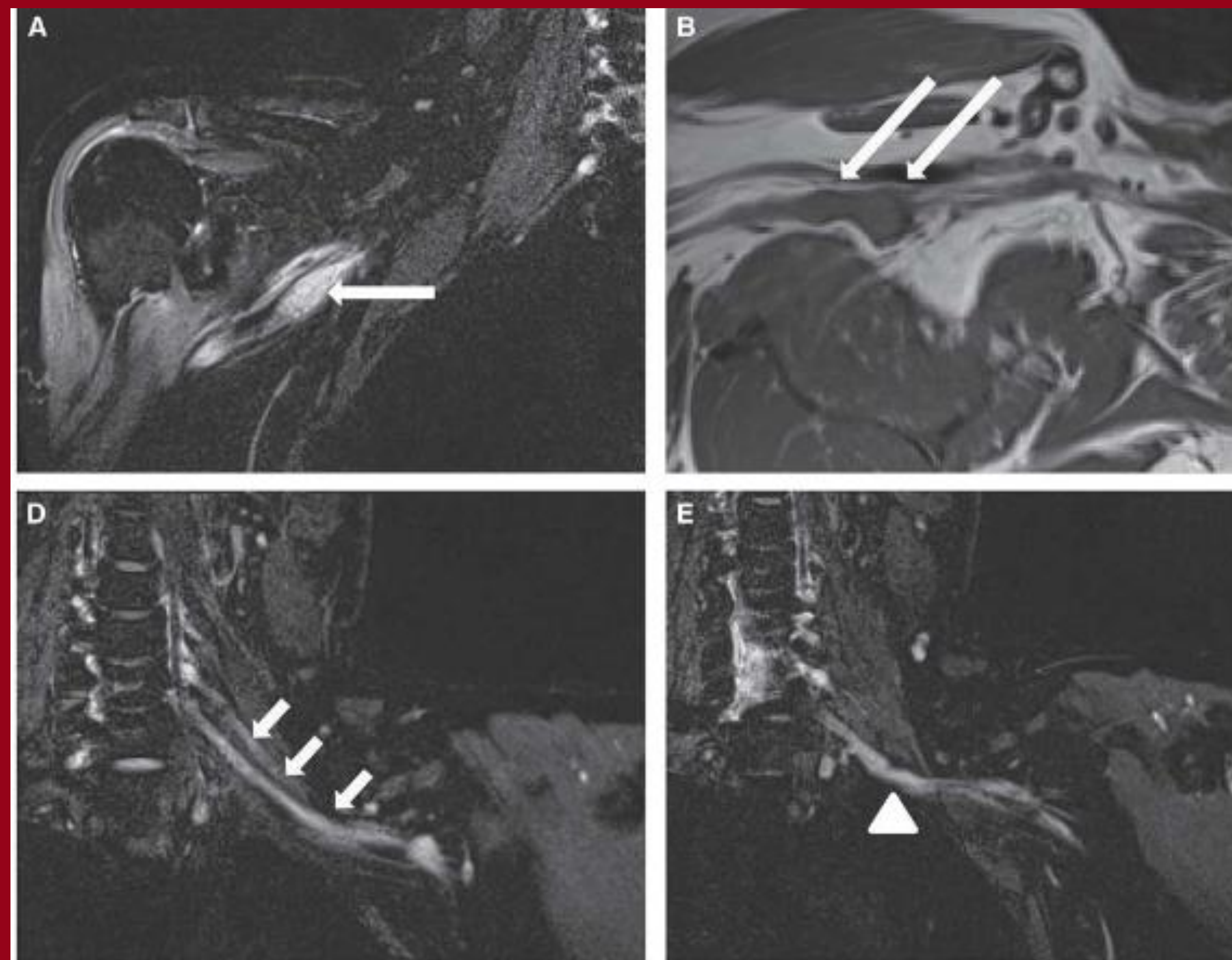
Neurolymphomatosis from Diffuse Large B-Cell Manifesting as Mononeuropathies

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Intro

- Diffuse large B-cell lymphoma (DLBCL) is the most common form of non-Hodgkin's lymphoma. This type of lymphoma is notorious for being aggressive and usually responds well to appropriate treatment.
- Common presenting symptoms include enlarged lymph nodes, fever, night sweats, and weight loss. But it can atypically present with extranodal symptoms like ureteral obstructive, superior vena cava syndrome, paraneoplastic syndromes and peripheral mononeuropathies [1].

Neurolymphomatosis is a rare condition that can be caused by diffuse large B-cell lymphoma. When diagnosing a patient with multiple mononeuropathies, it must remain on the differential. Utilization of MRI and surgical biopsy will allow for definitive diagnosis.



Case Report

- 77-year-old-female with past medical history interstitial lung disease, lumbosacral plexopathy, and cervical radiculopathy who presented for recurrent falls due to worsening bilateral lower extremity weakness.
- MRI of the cervical and lumbar spine showed multilevel degenerative disc disease. EMG revealed acute and subacute neuropathy of the left median, radial, ulnar and femoral nerves concerning for mononeuritis multiplex.
- Minimal symptomatic improvement and was later discharged to acute inpatient rehabilitation. There she developed progressive worsening left upper extremity weakness and severe left lower extremity weakness, prompting her return to acute care.
- Repeat MRI of the cervical spine was unremarkable, although repeat MRI of the lumbar spine revealed a **new intraspinal medullary lesion arising from the cauda equina** concerning for metastatic disease. While this explained the patient's bilateral lower extremity weakness, it left her upper extremity symptoms unsolved.
- Patient later underwent MRI of the left brachial plexus, revealing an ill-defined, fusiform mass encasing the plexus, measuring up to 10.4 cm.
- The patient subsequently underwent an open biopsy of the brachial plexus mass, which was found to be **high-grade DLBCL**.

References

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