Primary Cranial Vault Lymphoma: Review of Cases Diagnosed at a General Hospital

Adan Rios 1, Ron J. Karni3, Binoy Yohannan1, Frances Cervoni-Curet 1, Jay Jiguang Zhu, Angel I. Blanco 2.
1. Division of Hematology/Oncology.
2. Department of Neurosurgery.
3.Department Otorhinolaryngology-Head and Neck Surgery
McGovern Medical School, The University of Health Science Center at Houston

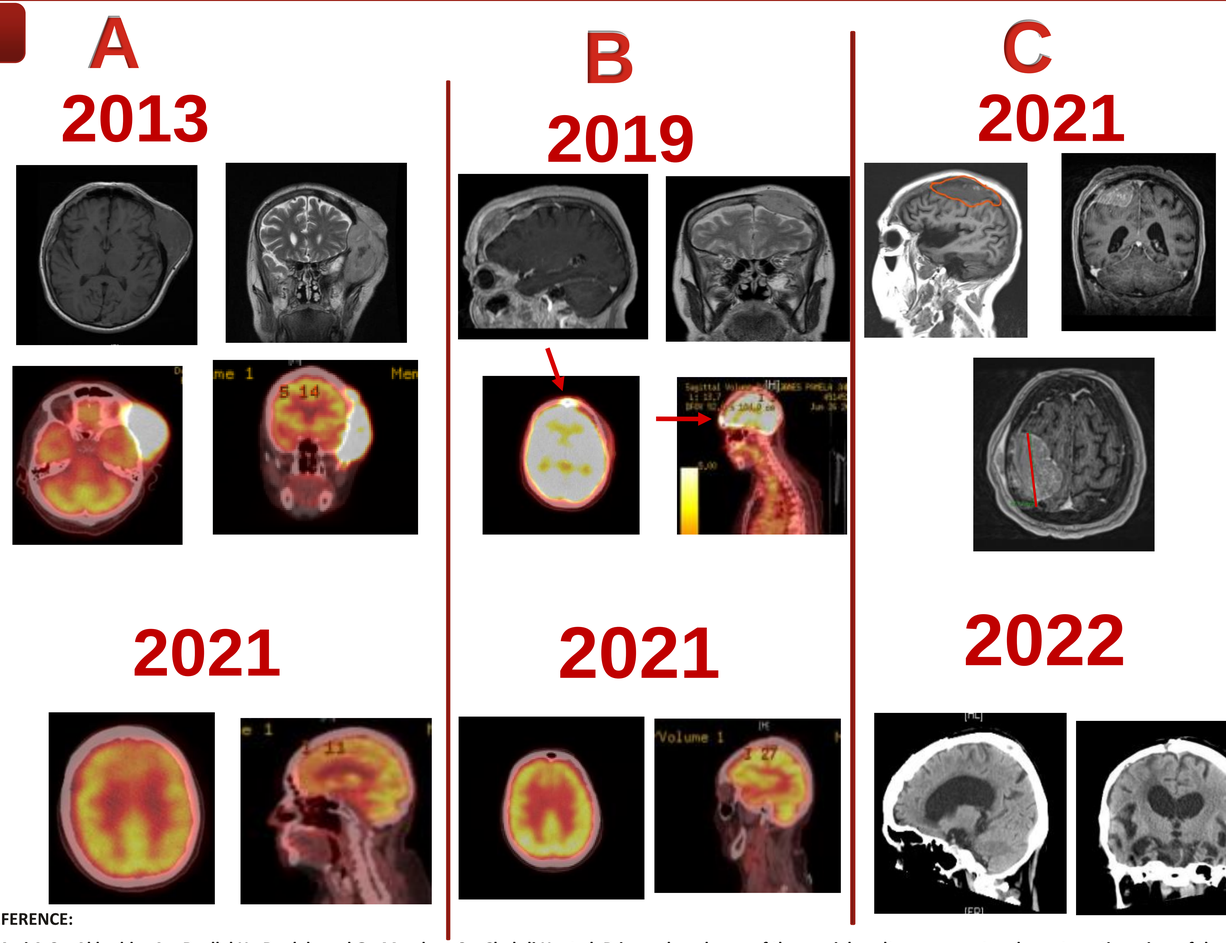
Abstract

Primary cranial vault lymphoma (PCVL) is a rare type of non-Hodgkin lymphoma arising outside the brain parenchyma without evidence of systemic disease. Diffuse large B cell lymphoma (DLBCL) is the most common histological subtype of PCVL. We conclude that most patients will respond to a combination regimen of limited surgery, chemotherapy and radiotherapy.

We reviewed patients with PCVL at Memorial Hermann Hospital, Texas Medical Center between 2013 and 2021. Three patients with PCVL were identified.

INTERVENTIONS: Patients were treated with standard rituximab-based chemoimmunotherapy and radiotherapy.

OUTCOMES MEASURES: We analyzed the clinical presentation, objective response to treatment, rate of complete remission, and long-term clinical outcomes of patients with PCVL.



REFERENCE:

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Yuen D., Chung C., Tat D., Ming C., Wai S.P. , Kwok G., Wong C. (2018) Primary cranial vault lymphoma, British Journal of Neurosurgery, 32:2, 214-215, DOI: 10.1080/02688697.2016.1226262

RESULTS

CASES: 2 women and 1 man were identified to have PCVL

ETHNICITY: Hispanic (n=2) and Afro-American (n=1).

MEAN AGE:: 74 years.

PRESENTATION:

Skull mass: 2

Symptoms (1)**:** (disequilibrium, frequent falls, left-hand weakness, numbness, and forgetfulness): 1.

IMAGING STUDIES:

Positron emission tomography (PET-CT): No evidence of systemic disease.

BONE MARROW BIOPSY: Negative in all 3 cases.

PATHOLOGY: Showed DLBCL in all three cases.

Fluorescent *in situ* hybridization (FISH): Negative for C-MYC, Bcl-2, or Bcl-6 translocations.

Ki-67 proliferative index: High (70%–80%) in all 3 cases.

TREATMENT AND MANAGEMENT:
Patients A and B underwent craniotomy and resection of the periostea mass, whereas patient C with a scalp mass underwent diagnostic biopsy.

POST SURGICAL MANAGEMENT:
Patient A: Received 6 courses of dose-adjusted **R-EPOCH** (rituximab, etoposide, prednisone, oncovin, cyclophosphamide, and doxorubicin) + consolidation radiotherapy with . Remains in complete remission (CR) for 10 years.

Patient B: Received 6 courses of **R-CHOP** (rituximab, cyclophosphamide, doxorubicin, vincristine, prednisone). + consolidation radiotherapy with . Remains in complete remission (CR) for 4 years.

Patient C: Received post-biopsy **radiotherapy** (40 Gy delivered in 20 fractions). Eventually went to hospice care.