

Neuralgia del trigémino y oftalmoplejia como presentación de un linfoma difuso de células B grandes

Trigeminal neuralgia and ophthalmoplegia as a presentation of diffuse large B-cell lymphoma

CASE REPORT

Diffuse large cell B lymphoma (DLBCL) is the most common histological subtype of non-Hodgkin lymphoma. The disease arises in extranodal extramedullary tissues in up to 40% of all cases, with central nervous system (CNS) involvement as an unusual form of presentation (3-5%)¹.

We describe the case of a 64-year-old woman with no relevant medical history admitted to the emergency department due to blurred vision, diplopia, and severe right periorbital headache for the last 2 months. She had ophthalmoplegia of the right abducens, hyperesthesia in the right trigeminal territory and palpable right inguinal nodes, without fever, weight loss, hepatomegaly, or splenomegaly. Blood test ruled out pancytopenia and HIV serology was negative. Thorax, abdominal and pelvic CT scan was preformed, revealing the impression of a right inguinal mass, compatible with an adenopathic conglomerate, but also showing deep infradiaphragmatic enlarged lymph nodes. The brain MRI showed a mass centred on the sphenoid bone with invasion of the right cavernous and sphenoid sinuses and of the sella turcica. An inguinal node core biopsy was preformed, concluding for DLBCL. The patient underwent 4 cycles of chemotherapy using CVP (cyclophosphamide-vincristine-prednisolone), with disease progression and fatal outcome 4 months after diagnosis.

CNS involvement in DLBCL is uncommon and predictive of poor prognosis, with an overall median survival of 2-6 months. Therefore, the treatment for DLBCL with CNS involvement is in urgent need of improvement. Clinical manifestations rest on the site of involvement, mostly focal neurological deficits (70%) and neuropsychiatric symptoms (40%). Visual alterations are rare (less than 4%)^{2,3}.

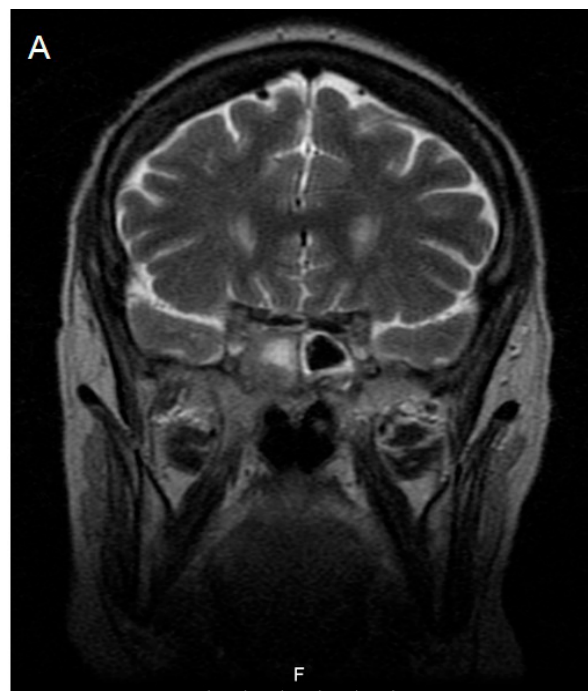
The present case meant to illustrate an unusual clinical presentation as well as to highlight the advantage of a thorough physical examination – which in this case, even in the absence of prompt CT scan, would always allow a much safer diagnostic procedure: inguinal node biopsy vs brain biopsy.

REFERENCES

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Palabras clave: linfoma B difuso de células grandes, sistema nervioso central

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