Primary spinal intramedullary lymphoma mimicking ependymoma

Tomohiko Machiya, MD; Mitsuhiro Yoshita, MD;
Kazuo Iwasa, MD, PhD; and Masahito Yamada, MD, PhD,
Kanazawa, Japan

A 60-year-old woman presented to our hospital with a 1-month history of sensory disturbance in the bilateral lower limbs. Neurologic examination demonstrated reduced vibratory and proprioceptive sensation and mild weakness in the bilateral lower limbs. Cervical MRI disclosed a solid intramedullary mass lesion with contrast enhancement and cord edema at C2-7 levels (figure 1); the radiologic features were highly suggestive of ependymoma.^{1,2} However, methylprednisolone pulse therapy transiently improved her symptoms and reduced the size of the lesion; biopsy of the cord lesion demonstrated diffuse large B-cell lymphoma (figure 2).

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Address correspondence and reprint requests to Dr. Tomohiko Machiya, Department of Neurology and Neurobiology of Aging, Kanazawa University Graduate School of Medical Science, 13-1 Takaramachi, Kanazawa, 920-8640, Japan; e-mail: komanezumi_2@infoseek.jp

Figure 1. Sagittal (A) and axial T1-weighted MR images (B) of the cervical region with gadolinium enhancement showed a well-demarcated, enhanced, intramedullary lesion in the dorsal column.

Figure 2. Biopsy of the cord lesion showed infiltration of lymphoma cells (A) with a B cell marker (B). (A: hematoxylin-eosin, bar = 50 μ m; B: CD79a, bar = 20 μ m.)

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