An 11-year-old boy presented with acute dysarthria and right hemiparesis. Brain MRI showed multiple enhancing supratentorial lesions (figure 1, A–C). An extensive infectious workup, CSF cytology, whole-body CT, and gallium and PET scans were unremarkable. Diagnostic brain biopsy revealed reactive astrocytosis. He improved gradually with oral prednisone and azathioprine but returned 3 months later with abdominal pain, persistent vomiting, and generalized lymphadenopathy. Brain MRI showed no new lesions. A mesenteric lymph node biopsy showed hallmark cells consistent with anaplastic large-cell lymphoma (figure 2). Intrathecal methotrexate and whole-cranial irradiation resulted in radiologic resolution of lesions (figure 1, D–F). CNS involvement in CD30+ ALK+ anaplastic large-cell lymphoma is extremely rare.1,2

AUTHOR CONTRIBUTIONS

Drs. Thangarajh and Mar were involved in data acquisition and data interpretation. Dr. Thangarajh prepared the manuscript.

REFERENCES


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The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.
Mesenteric lymph node biopsy showed that the tumor cells were null phenotype (CD 3 and CD20 negative), and positive for CD30 and ALK-1. The characteristic hallmark cell (arrow) seen in anaplastic large-cell lymphoma was present on hematoxylin & eosin staining.
Teaching NeuroImages: CNS involvement in systemic anaplastic large-cell lymphoma
Mathula Thangarajh and Soe Soe Mar

Neurology 2012;79:e74-e75
DOI 10.1212/WNL.0b013e3182661fc1

This information is current as of August 20, 2012