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-brain 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
Mesenteric lymph node biopsy showed that the tumor cells were null phenotype (CD3 and CD20 negative), and positive for CD30 and ALK-1. The characteristic hallmark cell (arrow) seen in anaplastic large-cell lymphoma was present on hematoxylon & eosin staining.
Teaching NeuroImages: CNS involvement in systemic anaplastic large-cell lymphoma
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