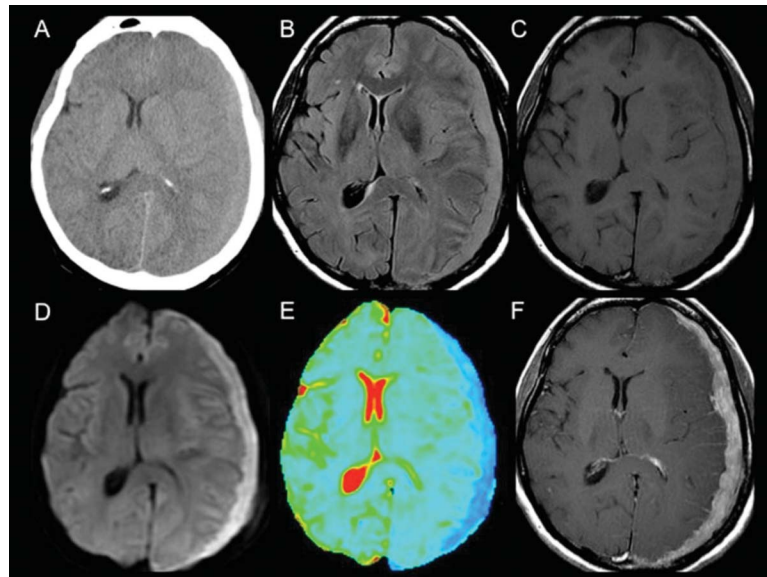


# Teaching NeuroImages: Burkitt dural lymphoma mimicking a subacute subdural hematoma

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**Figure 1** CT and MRI findings



Homogeneous crescent-shaped lesion. Isodense CT (A), iso-fluid-attenuated inversion recovery MRI (B), iso-T1 MRI (C). Restricted diffusion on MRI diffusion-weighted imaging (D) and apparent diffusion coefficient maps (E). Strong postcontrast enhancement on MRI (F).

A 59-year-old woman with no history of trauma presented with severe headaches and right-sided weakness. A CT scan showed a left hemispheric isodense subdural collection thought to be consistent with a subacute subdural hematoma (figure 1A). The patient underwent a single parietal burr hole for evacuation, but the neurosurgeon found subdural fleshy tissue and performed a biopsy. Immediate postoperative MRI showed a homogeneous hypercellular subdural mass (figure 1, B–F).<sup>1</sup> Pathology was consistent with Burkitt lymphoma (figure 2). Retrospectively, the homogeneous density of the collection argued against hematoma. In nonemergent situations, an atypical radiologic appearance of a subdural hematoma may suggest the need for further radiologic investigations before surgical evacuation.<sup>2</sup>

## AUTHOR CONTRIBUTIONS

B.M., C.V., and D.L. wrote the manuscript. B.M., C.V., A.N., K.M., H.A., M.F., and D.L. collected the data and reviewed the manuscript. D.D. and P.C. reviewed the manuscript.

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## DISCLOSURE

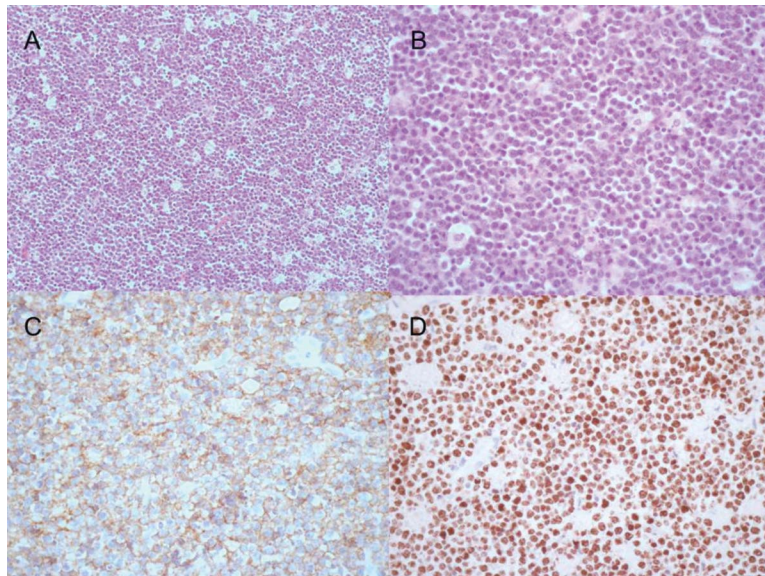
The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

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Hematoxylin & eosin stain, 200 $\times$  (A) and 400 $\times$  (B) magnification: "starry sky" pattern: medium-size tumor cells and macrophages ingesting apoptotic cells. Immunostaining: CD20+ (C), Ki67: 95% (D).

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