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Garcin Syndrome in a Patient With Neurolymphomatosis

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A 78-year-old woman progressively developed right-sided blindness, total ophthalmoplegia, painful facial palsy, and deafness with erythema eight months before death. MRI showed enlarged right trigeminal nerve with contrast enhancement. FDG-PET showed abnormal uptake from the right trigeminal nerve to optic canal (Figure 1). CSF cytology showed no malignant findings. Skin biopsy showed perineural proliferation of CD20-positive lymphocytic cells (Figure 2). We diagnosed diffuse large B-cell lymphoma. Garcin syndrome is characterized by global ipsilateral cranial nerve palsies without long tract disturbance or intracranial hypertension.¹ Few reports have documented Garcin syndrome in neurolymphomatosis.² Accurate diagnosis is important due to extremely poor prognosis.

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Figure Legends

Figure 1.

MRI showing enlarged right trigeminal nerve (A) with gadolinium contrast enhancement (B).

FDG-PET shows continuous expanding uptake (C).

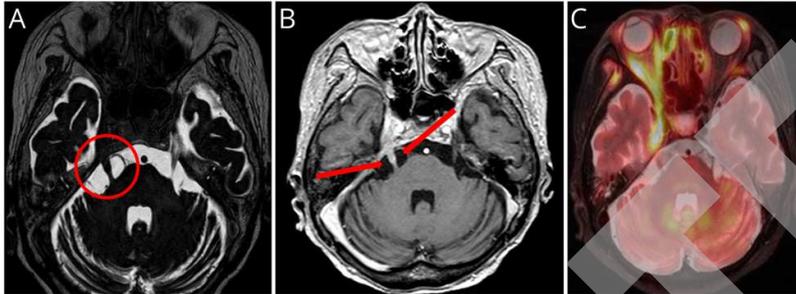
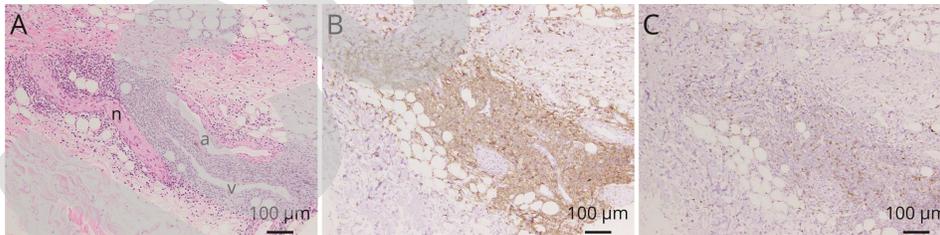


Figure 2.

Skin biopsy shows perineural proliferation of atypical lymphocytic cells with sparing of blood vessels (A), which are positive for CD20 (B) and negative for CD3 (C). n, nerve; a, artery; v, vein.



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