Images in...

An unusual intradural involvement secondary to Burkitt's lymphoma

Valentina Paolucci,¹ Claudia Rendeli,¹ Libero Lauriola,² Mariangela Novello²

¹Department of Paediatric Science, Catholic University, Rome, Italy;

²Department of Pathology, Catholic University, Rome, Italy

Correspondence to Professor Claudia Rendeli c.rendeli@libero.it

DESCRIPTION

A 6-year-old boy started feeling oral pain during daily hygienic procedures and pain localised on the neck, with consequent right deviation of the head. Six months later,

an ultrasound examination of the neck was performed, leading to the misdiagnosis of retro-mandibular abscess, treated with antibiotic therapy with temporary improvement. After a week, he deteriorated developing a typical

Figure 1 (A) MRI preoperative sagittal contrast-enhanced T1-weighted image of head showing mandibular and juxta mandibular swelling with muscles infiltration. (B) MRI preoperative sagittal contrast-enhanced T1-weighted image of spine showing the subarachnoid space filled by intensely contrast-enhancing intradural tissue encasing conus medullaris. (C) Fluorescent insitu hybridisation for C-MYC, the arrow shows one allele with localisation of both probes (red and green) and one allele with segregation of both probes (yellow).

cauda equina syndrome,¹ characterised by sphincter disturbances, frequent falls and progressive paraplegia. Therefore head and spinal MRI were performed and the examination showed mandibular and iuxta-mandibular swelling with muscles infiltration (figure 1A), diffuse involvement of subarachnoid space filled by intensely contrast-enhancing intradural tissue encasing conus medullaris between D12-S1 (figure 1B), and cervical swelling with a nodule in C5. On the same day, the child was transferred to our hospital and underwent surgical decompression with laminotomy between D12-S1 and laminectomy S1 that showed an extensive intradural involvement of cauda's roots that appeared swollen and reddish. Histological examination of film biopsy and fluorescent insitu hybridisation (figure 1C) were performed, and showed a rare intradural involvement of the cauda secondary to Burkitt's lymphoma.² Therefore, the patient was started on steroid therapy and was admitted to the Paediatric Oncology Unit in good general condition and with partial recovery of spontaneous motility. To complete the diagnosis, osteo-medullar biopsy was performed, resulting negative. Some days after he performed a CT scan that showed right renal involvement and started intrathecal chemotherapy treatment.³

Learning points

- Atypical presentation of Burkitt's lymphoma.
- Among intradural masses, Burkitt's lymphoma should be kept in mind.
- Steroid therapy and chemotherapy are first therapeutic approach.

Competing interests None.

Patient consent Obtained.

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