Teaching Neuro*Images*: Primary diffuse large B-cell lymphoma of the cranial vault

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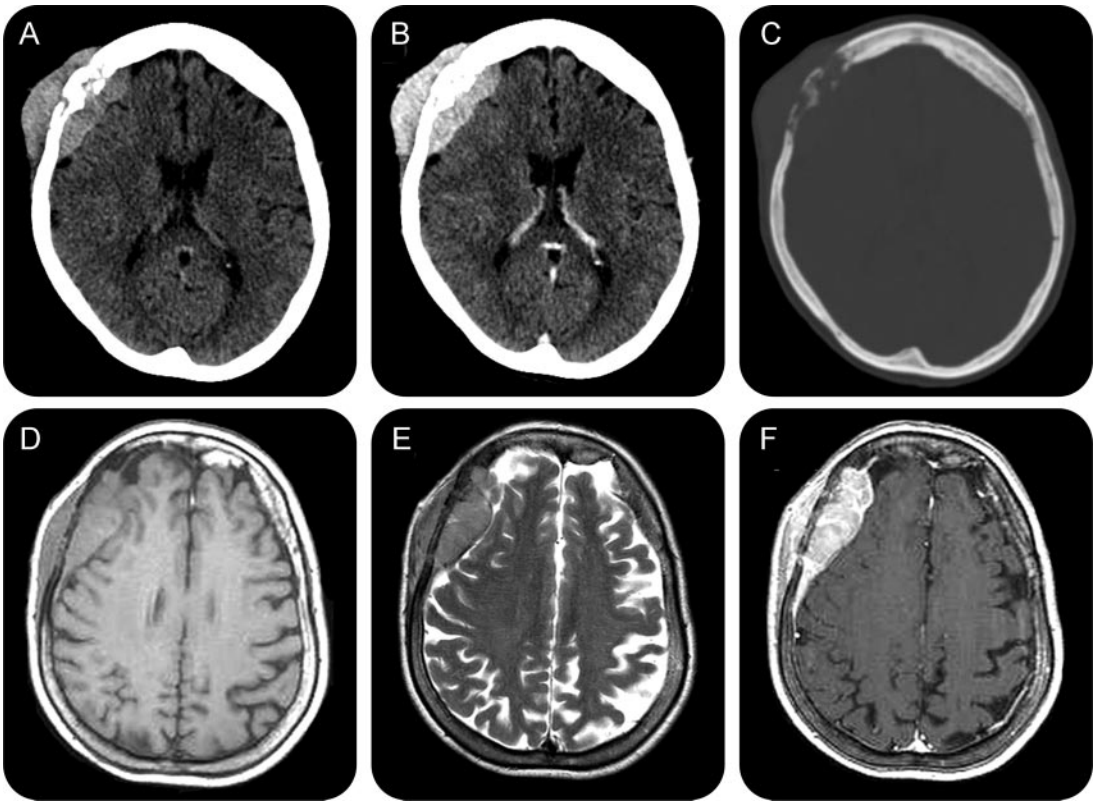
Figure **Brain images showing an intracranial and extracranial frontal mass lesion associated with local cranial bone destruction**



Brain CT showing a slightly hyperintense intracranial and extracranial frontal mass lesion (A) with homogeneous enhancement after contrast injection (B), associated with local cranial bone destruction (C). This lesion was isointense on T1-weighted (D) and T2-weighted (E) MRI. Gadolinium-enhanced T1 sequences showed strong, slightly heterogeneous enhancement (F).

A 67-year-old woman presented with a painful right-sided scalp swelling. Brain imaging showed an intracranial and extracranial frontal mass lesion associated with local cranial bone destruction (figure). The radiologic differential diagnosis included malignant meningioma, primary bone tumor, and bone metastasis. Thoracic, abdominal, pelvic, and orbital CT scan, bone scintigraphy, whole-body fluorodeoxyglucose PET, bone marrow biopsy, lumbar puncture, and ophthalmologic examination (including slit lamp examination) showed no other lesions. Open lesion biopsy revealed a diffuse malignant large B-cell non-Hodgkin lymphoma of the dura mater and cranial bone. Six cycles of R-CHOP (rituximab with cyclophosphamide, doxorubicin, vincristine, and prednisone) regimen was started. Primary bone (most frequently non-Hodgkin) lymphoma are rare.[1,2] In our case, associated dura mater involvement (which seemed to be secondary)

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was seen on both brain imaging and histology. Primary bone tumors often have a favorable outcome, especially when treated by combined modality therapy. Clinical stage is the most important prognostic variable in predicting overall survival.

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