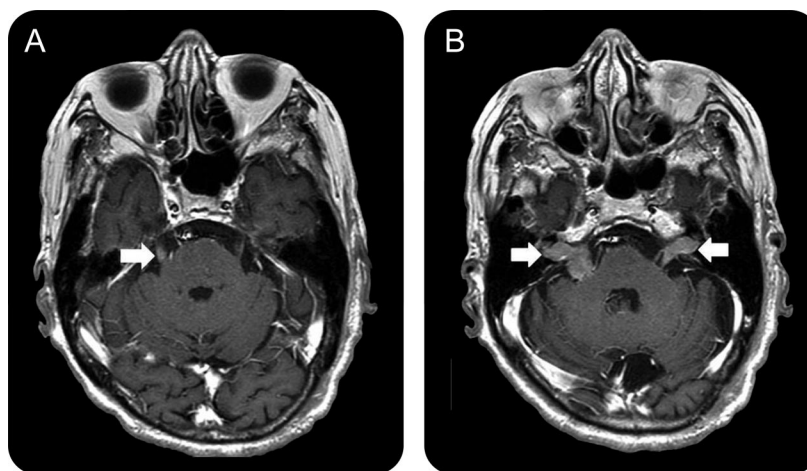


# Relapsed testicular lymphoma presenting with cranial nerve neurolymphomatosis

Figure Brain MRI



Brain MRI revealed abnormal thickening of right trigeminal nerve (A, arrow) and bilateral acoustic vestibular nerves (B, arrows), which extended into bilateral internal acoustic meati.

Rapidly progressive hearing loss and dizziness developed in an 82-year-old man with testicular diffuse large B-cell lymphoma, treated 3 years previously. Examination revealed bilateral hearing loss, mild right facial palsy, and wide-base gait. Brain MRI revealed thickening of the right V and bilateral VII and VIII nerves (figure), without brain or meningeal involvement. The CSF showed no malignant cells. The absence of brain parenchymal disease suggested cranial nerve neurolymphomatosis, infiltration by neurotropic neoplastic cells, a rare manifestation of hematologic malignancy.<sup>1</sup> Testicular lymphoma may involve the CNS, but rarely with cranial nerve neurolymphomatosis.<sup>2</sup>

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*Disclosure:* Dr. Hung reports no disclosures. Dr. Gau receives research support from Taipei Veterans General Hospital and Taiwan Clinical Oncology Research Foundation.

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1. Grisariu S, Avni B, Batchelor TT, et al. Neurolymphomatosis: an International Primary CNS Lymphoma Collaborative Group report. *Blood* 2010;115:5005–5011.
2. Vitolo U, Ferreri A, Zucca E. Primary testicular lymphoma. *Crit Rev Oncol Hematol* 2008;65:183–189.

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*Neurology* 2011;76;1441

DOI 10.1212/WNL.0b013e318216711a

This information is current as of April 18, 2011

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