

Bing-Neel syndrome mimicking a meningioma

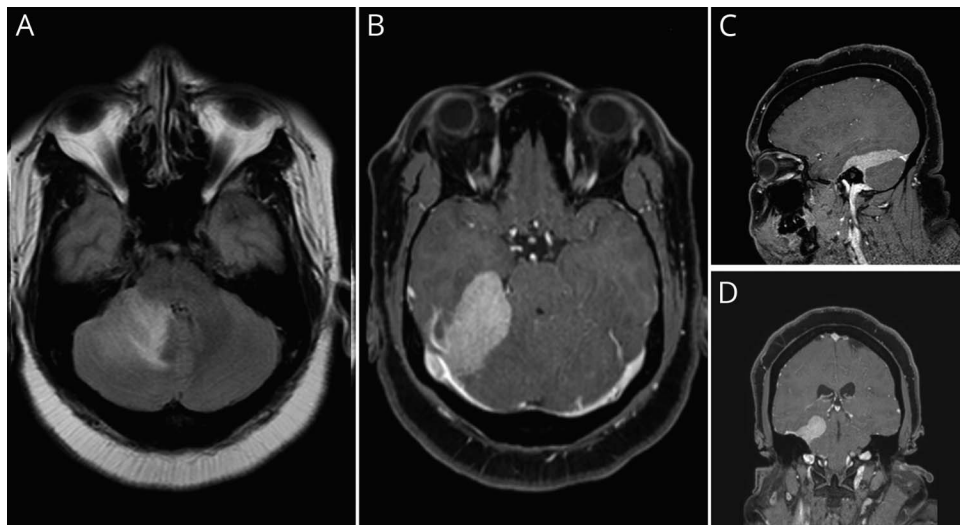
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Figure Multiplanar MRI of the brain



(A) Axial T2 fluid-attenuated inversion recovery MRI sequence demonstrates edema in the right middle cerebellar peduncle/hemisphere. Axial (B), sagittal (C), and coronal (D) postcontrast fat-saturated T1-weighted images demonstrate a focal extraaxial dural based enhancing lesion along the right tentorial leaflet.

A 42-year-old woman presented with progressively worsening right occipital headaches, increased with Valsalva. Brain MRI revealed an enhancing right tentorial leaflet extra-axial mass with adjacent vasogenic edema, which was presumed to be a meningioma (figure). A subtotal resection of the mass was performed and demonstrated pathologic features compatible with lymphoplasmacytic lymphoma (Bing-Neel syndrome), subsequently treated with ibrutinib. Bing-Neel syndrome is a very rare complication of Waldenstrom macroglobulinemia that is characterized by CNS involvement by malignant lymphoplasmacytic cells.^{1,2} The most common imaging features are leptomeningeal or dural infiltration or localized tumoral form with parenchymal involvement.^{1,2}

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Disclosure

The authors report no disclosures relevant to the manuscript. Go to [Neurology.org/N](https://www.neurology.org/N) for full disclosures.

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Name	Location	Contribution
Andrew Sneed, MD	University of Alabama at Birmingham	Data collection, drafting and revision of manuscript
Philip R. Chapman, MD	University of Alabama at Birmingham	Drafting and revision of manuscript
Aparna Singhal, MD	University of Alabama at Birmingham	Designed and conceptualized study, data collection, drafting and revision of manuscript

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2. Fitsiori A, Fornecker L, Simon L, et al. Imaging spectrum of Bing-Neel syndrome: how can a radiologist recognise this rare neurological complication of Waldenström's macroglobulinemia? *Eur Radiol* 2019;29:102–114.

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