Case # 3
79-year-old man

• previously healthy
• progressive limping of the left foot
• sporadic pain in the left groin
Diagnosis, please

1. Neuroborreliosis (Lyme)
2. Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)
3. Arachnoiditis
4. Neurolymphomatosis
Follow-up

• Blood
  - increased sedimentation rate
  - decreased lymphocyte count

• CSF
  - lymphocytic pleocytosis
  - elevated protein
  - cultures were negative (incl. Borrelia and herpes simplex)
  - cytology was negative for malignancy

• R/ corticosteroids

• Deterioration
  • biopsy L3 -
  • FDG-PET
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Neurolymphomatosis

- Neurolymphomatosis (NL) is a lymphomatous infiltration of peripheral nerves.

- NL is an uncommon manifestation of non-Hodgkin’s lymphoma (NHL), but can arise de novo.

- The preferred method of diagnosis is integrated PET-CT with F(18)-2-fluoro-2-deoxy-D-glucose.

- PET-CT can indicate sites for image-guided biopsy (blind nerve biopsy may not be diagnostic).

Lin M, et al. Hematol Oncol 2007 (Epub)
Take home message:

• neurolymphomatosis
  - diagnosis with PET
  - blind biopsy / biopsy of lymphoma after corticosteroids may be negative
On a follow-up study, a second lymphomatous lesion was found in the liver.