

Aggressive lymphoma involving intracranial epidural region

Luis Mario Villela · Andres Blanco-Salazar ·
Rocio Caballero · Rafael Borbolla-Escoboza

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Presentation Case

A 76-year old Mexican male was referred to our unit because of an ulcerated mass affecting scalp-skin over the occipital region, with a diameter of 8×6 cm. Physical examination showed an ulcerate mass with yellow secretion in the occipital region (Fig. 1A), and some protuberances in the frontal and left temporal region (Fig. 1B, black arrows). A biopsy of ulcerated mass reported to diffuse Large B-cell Lymphoma (Germinal Centre origin: CD10+, bcl-6+, MUM-1 negative). Cranial magnetic resonance image (MRI) showed epidural lesions in frontal and left temporal region as well as an

epidural mass on occipital region that has destroyed the vault and affected subcutaneous and skin layers (Fig. 1C). Lumbar puncture was negative to infiltrative disease. We started R-CHOP every 14 days at the same time as Intrathecal(IT) chemotherapy with 25 mg of Rituximab as prophylaxis. After 8 cycles of treatment, the ulcer lesion of the skin almost healed and the protuberances in the frontal and left temporal region (Fig. 2A and B) disappeared; MRI showed normal epidural region without any lesion (Fig. 2C). The patient has 13 months in complete remission after treatment and no relapse in Central Nervous System or meningeal compartment using as prophylaxis IT Rituximab.

L. M. Villela (✉) · R. Caballero · R. Borbolla-Escoboza
Hematology Department, Centro Medico ISSEMyM, Av.
Tollocan No. 284 Col. San Jeronimo de Chicahualco,
Metepc, Estado de Mexico 52140, Mexico
e-mail: luisvillela@yahoo.com

A. Blanco-Salazar
Oncology-Surgery Department, Centro Medico ISSEMyM,
Metepc, Estado de Mexico, Mexico

Fig. 1 Images pre-treatment. (A) Ulcer produce by lymphoma originated on epidural region. (B) Protuberances on frontal and temporal region produced by epidural lymphoma (black arrows). (C) MRI showing epidural lymphoma affecting frontal, temporal and occipital regions, destroying the vault

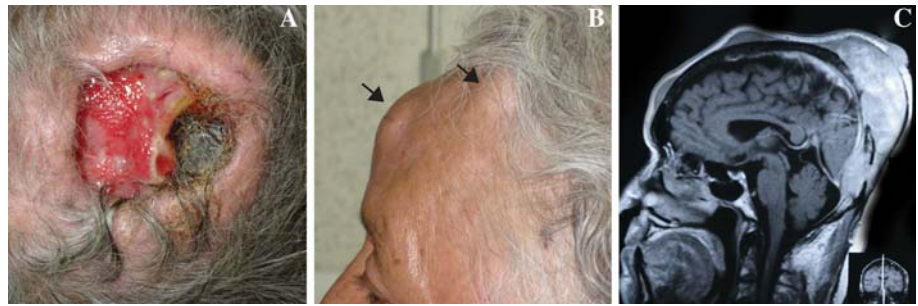


Fig. 2 Images post-treatment (12 months later). (A) The ulcer almost scared. (B) No protuberances on frontal and temporal regions are observed. (C) MRI showing all of epidural region without any lesion after treatment

