

A Young Lady with Headache and Abnormal Behavior

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A 20 year old unmarried lady presented with headache for last 4 months and altered behavior for last 3 months. Her headache was worse in early morning and aggravated by bending forward. She denied any history of fever, convulsion, weight loss, bleeding manifestations or visual

spinal cord or eyes in the absence of lymphoma outside the CNS. It accounts for 1% of non-Hodgkin's lymphoma (mostly of B-cell origin) and 3-5% of all primary brain tumour.¹ Though immunodeficiency is the principal risk factor, majority of patients are immunocompetent. PCNSL presents with a



Fig-1: (a) Left sided proptosis (b) Contrast-enhanced CT scan of brain showing homogeneously enhancing mass lesion involving the falx cerebri

complaints. Her examination was unremarkable except for proptosis of left eye and bilateral papilledema. Complete blood count and peripheral blood films were normal. A contrast CT scan of brain revealed homogeneously enhancing mass lesion involving the falx cerebri (Figure 1). The consulting neurosurgeon performed craniotomy and decompression with resection of the mass lesion. Histopathological study of the resected mass showed diffuse monomorphic population of lymphocyte compatible with non-Hodgkin's lymphoma. She was referred to the oncology unit.

Primary CNS lymphoma (PCNSL) is a rare type of non-Hodgkin's lymphoma affecting the brain, leptomeninges,

focal mass lesion (50%), neuropsychiatric signs (43%) and raised intracranial pressure (33%).² Treatment options include high-dose methotrexate with or without whole-brain radiotherapy. Prognosis depends on several factors of which age and performance status are the most important.

Conflict of interest: None

References:

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