

DIPLOPIA AS THE FIRST SIGN OF NEUROLYMPHOMATOSIS.

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PURPOSE:

Neurolymphomatosis (NL) is a rare neurological manifestation of non-Hodgkin lymphoma (NHL). The ophthalmologist may be the first clinician to recognize it, making him the whistle-blower for this life-threatening condition.

Methods:

We report a case of NL in a 67-years-old man who visited the emergency department (ED) complaining of progressively worse double vision.

RESULTS:

During the interview, we uncovered a setting of right hemifacial paresthesia, which had motivated a ED consultation 2 weeks prior, with dysesthesia in V2 and V3 territories. He had anisocoria, with the right pupil being the largest in bright light. Ptosis, limited adduction, supra and infraduction were noted in the right eye, while the left eye had limited abduction. Slit-lamp exam and cranial computed tomography (CT) were unremarkable. The patient was diagnosed with complete III right and VI left nerve paralysis. Neurologic examination unveiled flattening of the right nasogenian sulcus, tongue deviation towards the right and left hemiparesis.

Cranial magnetic resonance imaging showed thickening of the III right, V right and VI left cranial nerves, without involvement of VII and XII nerves. Spinal tap revealed monoclonal B-cells. Staging CT exhibited mediastinal and axillary ganglia. Biopsy of the latter confirmed high-grade follicular NHL in histological transformation.

The patient underwent systemic and intrathecal chemotherapy, which resolved cranial symptoms.

CONCLUSIONS:

NL can present with diplopia in the setting of cranial polyneuropathy. The commitment of multiple cranial nerves with asymmetrical distribution should raise suspicion of a neoplasm.

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