**MUSCULAR AND NERVE INVOLVEMENT IN COURSE OF A POSSIBLE LYMPHOMA**

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**Introduction:** There are some different possible mechanisms of peripheral neurological involvement in course of lymphomas:

1. Endoneural infiltration by neoplastic B-cells causes segmental demyelinization and axonal degeneration: NEUROLINFOMATOSIS;
2. Inflammatory or dys-immune neuropathy (GBS or CIDP) generated by HL>NHL auto-Ab (anti-Hu) or infections in immunodeficient patients;
3. Haematological metastasis that closes the vessels by local intravascular proliferation or exerts direct compression: stroke/embolus in PNS (or CNS) especially in intravascular lymphomas or angiotropic lymphoma (vasculitic-like multiple mononeuropathy);
4. Direct neoplastic nerve infiltration (typical in HIV+);
5. Vasculitis and crioglobulinemia (type I-II)/ amiloidosis (monoclonal paraproteinemia)/ antinerve monoclonal Ab (antimyelin associated glycoprotein and GM1 ganglioside) in NHL.

**References:**

**Discussion:** There are very few clinical reports of compartmental syndrome in course of lymphomas, but when the neoplasm directly infiltrates the muscle. Although the diagnosis of neurolinfomatosis can be made on nerve biopsy, there is still no systemic signs of NHL. After 56 months from clinical onset the cause of muscle and nerve involvement (multi-neuropathy) remains still undeterminated.

**Conclusion:** The actual diagnosis of axonal multiple neuropathy in course of crioglobulinemia HCV-related seems the most probable. No clinical explanation was made for the muscle involvement. The urinary retention is still under investigation. The evolution toward B-cell NHL is still considered very likely.

**References:**