

TRIGEMINAL NEURALGIA-LIKE SYMPTOMS: an unusual case

P Perrone, MV Calloni, A Giorgetti, S Leva,
F Muscia, L Politini, E Vecchio

UO Neurologia, Ospedale Civile di Legnano

Metodi

Lymphoma of the central nervous system (1) accounts for 2% of cerebral tumors; it is typically located in the supratentorial and periventricular white matter; extra-axial localization is rare. When founded in ponto-cerebellar angle or Meckel cave, the differential diagnosis is among meningioma, trigeminal neurinoma or epidermoid carcinoma. Correlated painful symptoms are often atypical, mimicking trigeminal neuralgia, cluster headache or trigeminal autonomic cephalgia (TACs). Therapy recommended is chemotherapy with cyclophosphamide, high dose cytarabine, steroid (dexamethasone), etoposide and rituximab (CHASER) followed by whole brain irradiation.

We describe a case of a young man who came to our observation for excruciating headache related to mediastinal lymphoma with bilateral infiltration of the the ganglion of Gasser



Brain MRI T1

Case report

A 30 year-old man suffered, since 3 months, of left fronto-orbital-zygomatic headache; pain was intense, mainly nocturnal, subcontinuous, initially with nasal congestion and conjunctival injection, unresponsive to FANS, triptans and oxygen therapy. Brain MRI showed a lesion in the left Meckel cave suggestive for trigeminal neurinoma; the patient was treated with carbamazepine and steroids. Indication to radiosurgical treatment was advised. Waiting for surgery, the patient was admitted to our department for inadequate pain control. The neurological examination and serologic tests were in normal range. Follow-up brain MRI (two months later) detects the presence of pathologic tissue with homogeneous enhancement in both ganglia of Gasser cisterna along the course of the trigeminal nerve, associated with thickening of the dural surface and adjacent the temporal pole; this imaging was estimated compatible with granulomatous or lymphoproliferative disease. CSF examination showed hyperproteinorrachia and no neoplastic cells. Chest and abdominal CT showed a mediastinal and pancreatic mass, confirmed by PET total body. Histological examination of mediastinal lesion allowed a diagnosis of diffuse large B cell lymphoma. The patient now is in treatment with infusion of high-dose MTX.

Discussion

Our case pointed the need for properly and timely diagnosis of "trigeminal neuralgia-like symptoms".
With a lesion in the Meckel cave the biopsy is mandatory for exact diagnosis and targeted therapy (2)

Bibliografia

- Ang JW, Khanna A, Walcott BP, Kahle KT, Eskandar EN. Central nervous system lymphoma presenting as trigeminal neuralgia: A diagnostic challenge. J Clin Neurosci. 2015 Apr 9 J Clin Neurosci. 2015 Apr 9. S 0967-5868(15)
- Kinoshita M1, Izumoto S, Oshino S, Nonaka M, Moriuchi S, Maruno M, Yoshimine T. Primary malignant lymphoma of the trigeminal region treated with rapid infusion of high-dose MTX and radiation: case report and review of the literature. Surg Neurol. 2003 Oct;60(4):343-8
- Abdel Aziz KM, van Loveren HR. Primary lymphoma of Meckel's cave mimicking trigeminal schwannoma: case report. Neurosurgery. 1999 Apr; 44(4):859-62