

## **HODGINK'S LYMPHOMA: EXTRADURAL DORSAL COMPRESSION AS FIRST PRESENTATION**

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### **INTRODUCTION**

Hodgkin's Lymphoma (HL) arises in the lymph nodes in 90%, with 10% arising from other sites. Primary HL of the spinal epidural region is very rare and usually occurs in the setting of advanced or recurrent disease. We report a 30-year-old man who presented initially with increasing left thoracic back pain. MRI revealed an thoracic epidural, irregular tissue mass with initial cord compression of uncertain etiology. Further investigation and histological analysis revealed classical Hodgkin's lymphoma.

### **CASE REPORT**

30-year-old male patient was admitted to our clinic with left thoracic back pain. Symptoms included burning pain occasionally first and then constant and persistent, of medium-severe intensity, localized in the left of the chest (T6-T8). This started some months ago but increased in the last few weeks. Pain was worse at nighttime and when the patient moved the neck and sneezed. Pain was resistant to FANS and Gabapentin. The patient did not have any lymphoma-related B-type symptoms, including body weight loss, fever and sweat at night. There was no neurological deficit. Routine laboratory test results, MRI brain and neck and chest CT were normal. A MRI scan of the thoracic spine demonstrated an extradural tumor at the T6-T8 level with hypointense, irregular, image in T1- and weighted T2. A PET demonstrated multiple lesions with higher glucose metabolic activity of lymph nodes lateral cervical, hemithorax, and iliac. The patient underwent spinal cord decompression via total laminectomy of T6-T8 levels, without neurological complications. The patient underwent incision biopsy of lymph node and spinal lesion. Histological examination revealed the polymorphous cellular infiltration by histiocytes, large mononuclear cells and lacunar Reed–Sternberg cells with folded multi-lobed nuclei and small nucleoli. Histological examination diagnosis of classical linfoma di Hodgkin. The patient received a combination of systemic chemotherapy and focal-field radiotherapy. A PET after three months showed no evidence of abnormal radiotracer uptake except for a low FDG uptake in the sacral region.

### **DISCUSSION**

An epidural location for lymphoma is observed in 0.1–6.5% of all the lymphomas. Treatment of primary HL of the spinal epidural region is complex and needs a multidisciplinary approach including neurologist, neurosurgery, and radiation oncology. The right and fast diagnosis with PET scan and biopsy is very important because HL responds very well to chemotherapy and radiotherapy after radical surgery. The neurologic outcomes are generally favorable with a reported 86% having improvements in neurological function. We conclude that this is a rare subtype of HL, and that is important a diligent investigation in a patient with back pain and MRI abnormalities of unclear significance.

### **REFERENCECES**

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