

Cerebral Amyloidoma Associated With Non-Hodgkin Lymphoma in Eloquent Area

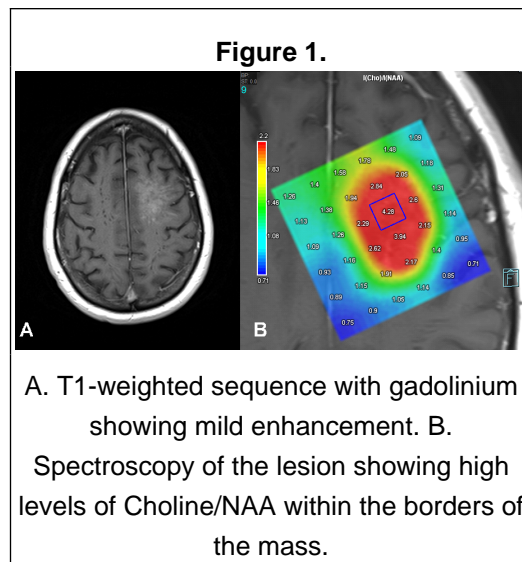
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Introduction

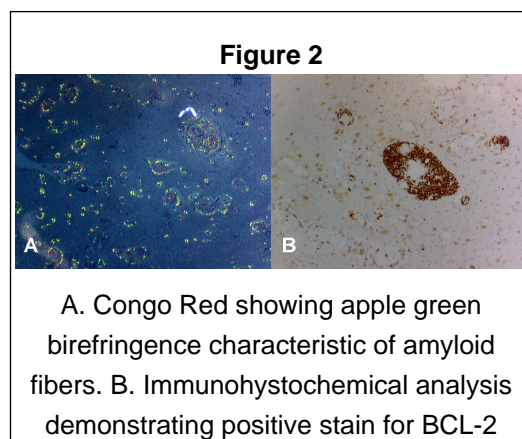
Localized amyloidosis are isolated extracellular deposits of amyloid substance, called amyloidomas. It can rarely present with multiple myeloma, plasma cell dyscrasia, renal cell carcinoma or thyroid carcinoma (1 2). We describe a case of cerebral amyloidoma in association to type B low grade non-Hodgkin lymphoma.

Results

70-year-old bilingual patient, with an unclassified brain lesion; presented itself with progressive speech impairment when using his non-native language. Physical examination revealed difficulty to naming things. A brain MRI showed a mass in the left posterior frontal lobe with high signal in T2-weighted sequences with a mild enhancing pattern. An elevation of Choline/NAA ratio was detected. (Figure 1).



An awake craniotomy was performed. Afterward he exhibited non fluent aphasia, that recovered. Pathology showed findings of amyloidoma and lymphoma (Figure 2).



Discussion

Primary amyloidomas of the brain parenchyma are rare (3). Its association with type B low grade non-Hodgkin Lymphoma is not yet understood given there are only two cases reported. According to literature, imaging characteristics of the lesion are neither for amyloidoma nor lymphoma but both of them. Given the prior statement a spectroscopy surgery was performed, considering it to be a glioma.

It is possible that the amyloidoma might surge as a response to the tumor growth and it's changes in the pH, enzymes misbalance and cytokines proliferation leading to polymerization and protein misfolding.

Considering that the clinical presentation or the imaging are not defining, the histological study is of great importance. It was suggested that these lesions where not surgical, given that the amyloidoma is a benign entity and that some lesions had shown growth after biopsied, but more cases of amyloidomas accompanied by malignant neoplasms are being reported giving new significance to surgical treatment (4 5).

Conclusions

More information about this pathology is needed, in order to stablish an entity's profile to facilitate the diagnosis and optimal treatment.

References

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