

中文題目：病例報告：原發性中樞神經性淋巴瘤以出血性中風為表現

英文題目：Primary CNS lymphoma initially presented as hemorrhagic stroke: a case report

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**Introduction:** Hemorrhage as initial presentation of primary central nervous system lymphoma was very rare. We reported a case of newly diagnosed HIV patient with acute hemorrhagic stroke which turned out to be primary CNS lymphoma.

**Case presentation:** A thirty-one-year-old male with the history of suicide attempt came to our emergency department due to sudden onset left hemiparesis. Neurological examination showed Glasgow Coma Scale of 13, symmetric pupil size, positive light reflex, asymmetric facial expression (drop of left mouth corner), left hemiplegia (left upper limb 2 points and left lower limbs 1 points), symmetric deep tendon reflex but a positive Babinski's reflex in left lower limb (left side dorsiflexion and right side plantarflexion). Initial brain CT showed right thalamic hemorrhage, with perifocal edema and midline left-shifting. Conservative treatment with mannitol infusion was conducted after consulting with neurosurgeon and HIV test was done for young stroke survey. Chest plain film showed bilateral diffuse interstitial infiltrates which turned out to be *Pneumocystis* pneumonia and HIV infection was confirmed later. Serial tests for opportunistic infections evaluation, including Toxoplasma, tuberculosis, Cryptococcus, Herpes Zoster or cytomegalovirus infection were ruled out and antiretroviral agent was initiated. Progressive decrease of muscle strength and consciousness disturbance with a GCS of 9 developed 2 weeks later and following brain image showed a mass lesion which favoring brain tumor rather than hemorrhagic stroke. The patient underwent tumor biopsy and the pathological report turned to be diffuse large B cell lymphoma. No lymphadenopathy or bone marrow

involvement was ever noted. Chemotherapy with MTX-Rituximab was then initiated but the neurological condition showed only minor improvement.

**Discussion:** Though being rare, primary CNS lymphoma should be kept in mind as one of the differential diagnosis of hemorrhagic stroke. For stroke in young patients, HIV screening should be involved in the survey list. Tissue proof to confirm diagnosis was important in these cases in order to provide promptly treatment, which was highly associated with the neurological outcome.