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**Central Nervous System Lymphoma Reported in a Biopsy of a Demyelinating Lesion**

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Objective: Primary central nervous system lymphomas (PCNSL) are known as ghost tumors because it is detected as demyelinating lesions rather than tumor cells on brain biopsy. Both demyelinating diseases and PCNSL have similar clinical and radiological presentations and both conditions have good response to steroids. We discussed a patient whom magnetic resonance imaging (MRI) was suggestive of lymphoma whereas her brain biopsy showed evidence of demyelination.

Design & Method: Case report.

Result: A 40-year-old female patient was admitted to our hospital complaining of dizziness, nausea, and blurred vision since one month prior to presentation. Her brain MRI revealed hyperintense lesions in T1, T2 and Flair on the left superior cerebellar peduncle and left posterosuperior thalamus. These lesions were enhancing after gadolinium administration. After 5 days of high-dose methylprednisolone therapy, the patient partially recovered. Few months later, she experienced diplopia. Follow-up MRI showed new enhancing lesions in the bulbous and pons. She was treated with a second course of methylprednisolone therapy, but no improvement occurred. Brain biopsy was performed and showed only acute demyelination. When the patient's clinical and MRI findings were evaluated, the diagnosis of lymphoma was confirmed and subsequently, chemotherapy and radiotherapy were considered.

Conclusion: PCNSL can mimic clinical, radiological and pathological features of MS. Such cases should be monitored with more frequent MRIs.