

## DIAGNOSTIC DIFFICULTIES IN IMMUNOSUPPRESSED PATIENT WITH SUSPECTED PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA: CASE REPORT

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**Objectives. Keywords.** Primary central nervous system lymphoma; HIV.

**Introduction.** Primary central nervous system lymphoma (PCNSL) is a rare subtype of non-Hodgkin extranodal lymphoma, accounting for ~3% of all brain tumours. It can involve the brain, eyes, leptomeninges and spinal cord without evidence of it outside the central nervous system. Diagnostics can be very difficult, because there are no specific clinical or radiological signs, and in many cases diagnosis can be mixed with central nervous system toxoplasmosis, acute disseminated encephalomyelitis, neurosarcoidosis etc.

**Case description.** A 72-year-old man was admitted to the hospital with mild left-sided hemiparesis and central facial nerve paresis on the left side. The patient underwent a non-contrast CT, which showed no evidence of ischemia, but a pathological mass in the right parietal lobe was suspected. A further brain MRI examination showed multiple peripheral contrast-enhancing lesions in both brain hemispheres. Possible brain metastases or opportunistic neuroinfection were considered in the differential diagnosis. Cerebrospinal fluid analyses were performed and neuroinfections (both bacterial and viral) were ruled out. A contrast CT scan of the abdomen, pelvis and chest excluded other possible primary pathological processes. The patient was tested for HIV, which was positive, with the possibility of AIDS stage. Due to the gradual clinical deterioration and since he received steroid therapy during hospitalisation, it was decided not to perform a biopsy.

**Summary.** In this case PCNSL is the most likely diagnosis for this patient, due to its high association with HIV and the exclusion of other possible diagnoses that presents with this kind of neuroradiological signs.

**Conclusions.** This case highlights the importance of considering PCNSL as a differential diagnosis in patients with pathological brain masses and HIV infection. Additionally, the use of steroids before biopsy may adversely affect the pathological accuracy and delay the definitive diagnosis of lymphoma.