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Bing-Neel syndrome

Síndrome de Bing-Neel

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A 75-year-old man with IgM-kappa restricted Waldenström macroglobulinemia (WM) was admitted due to paraparesis and sensory deficits of the lower extremities. Cerebrospinal fluid analysis revealed 140 cells/mm^3, increased protein (295mg%), albumin quotient (16.57) and the presence of IgM-kappa chains in immunofixation electrophoresis. Cytology showed lymphoplasmacytoid cells. Magnetic resonance imaging (MRI) demonstrated spinal cord hydromelia and gadolinium-enhancing root lesions (Figure). These findings suggested central nervous system (CNS) involvement of WM or type A Bing-Neel syndrome[1]. In Bing-Neel syndrome, MRI usually discloses tumoral or diffuse CNS abnormalities with gadolinium-enhancing leptomeningeal, parenchymal or cranial nerve lesions[2]. Chemotherapy (intrathecal methotrexate, rituximab, cyclophosphamide and vincristine) was dispensed with marked clinical improvement.

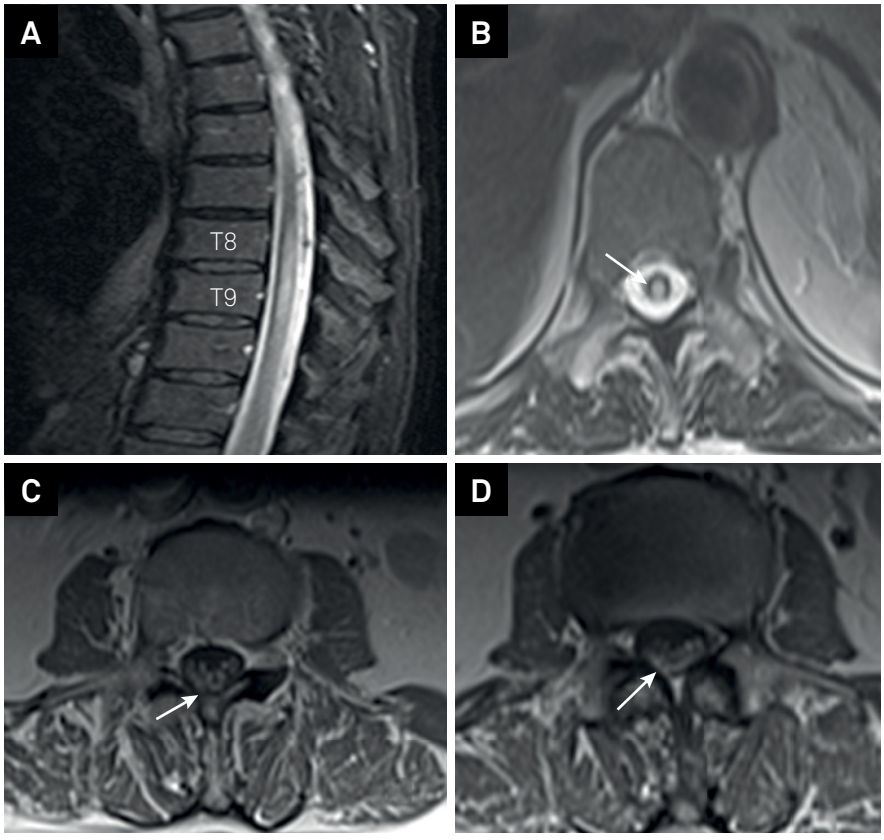

Figure. Sagittal (A) and axial (B) T2-weighted MRI show marked hydromyelia at T8-T9 level. Axial lumbar T1-weighted with gadolinium MRIs (C,D) show diffuse enhancement of cauda equina's nerve roots (arrows).

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Erratum

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