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Skull base Non-Hodgkin's lymphoma- Muhammad Haruna- Scunthorpe General Hospital

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Primary skull base lymphoma accounts for 1%-2% of all skull base tumors. It is a very rare condition, which poses a diagnostic challenge in clinical practice and needs early diagnosis and treatment. We present a case of primary lymphoma of the skull base in a 53-year-old woman, who was admitted with complaints of bilateral temporal pain, facial numbness, slurred speech, difficulty in swallowing and deafness. Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) showed illdefined destruction of the petrous temporal bone with a high signal area noted on T2 weighted images in the right temporal lobe which initially was thought to be skull base osteomyelitis. However, a finding of a thin sub periosteal dense soft tissue in the left parieto-occipital region seen with intact adjacent bone cortex similar in appearance to that of the primary skull base pathology alerted the team to possible diagnosis of skull base lymphoma. Subsequent tissue diagnosis confirmed diffuse large B-cell lymphoma. We present this case report to highlight the rarity of the case and significance of correct diagnosis.

About 20%~25% extranodal lymphomas occur in the head and neck region and most of them are non-Hodgkin lymphomas. Waldeyer's ring is the most common site with more than half of the primary extranodal lymphomas (PEL) of the head and neck take place. A few cases of PEL of skull base were reported sporadically, most of them existed in clivus or sellar region and usual initially presented with diplopia, limited eye movement and hemianopsia due to II, III, IV and VI cranial nerve involvement. There were only three cases PEL of lateral skull base reported in literature, the pathological patterns of them were confirmed as DLBCL without exception. Unlike the PEL in other sites of head and neck, the DLBCL of lateral skull base seems to be more progressive with a poor prognosis though it was not evidently confirmed in this case because the patient died of multiple organ failure. Along with growth of a tumor, all the cranial nerves of the same side would be palsied which is called Garcin syndrome, branches of trigeminal nerve also could be involved.