

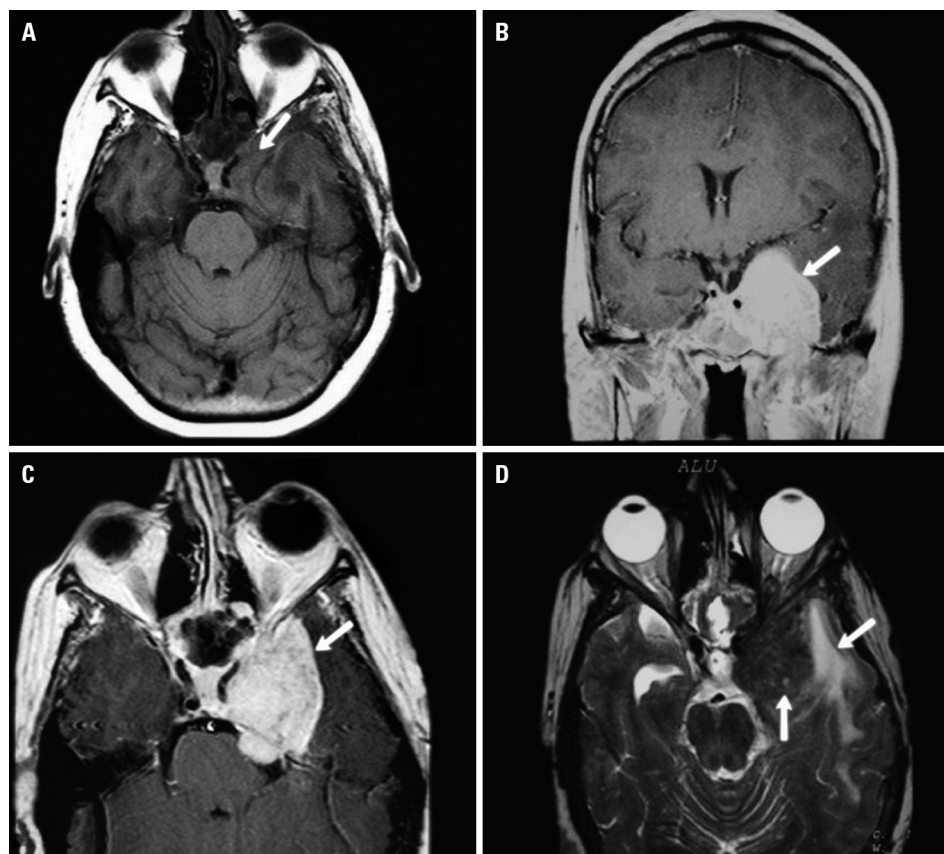
# Primary dural lymphoma

## A rare subtype of primary central nervous system lymphoma (PCNSL)

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A 56-year-old female with left VI nerve palsy. Diagnostic imaging demonstrated a left cavernous sinus lesion, with a pattern which may be associated to meningioma, lymphoma, inflammatory pseudotumor, tuberculosis or sarcoidosis (Fig 1).

Histological analysis confirmed the diagnosis of marginal zone B-cell lymphoma. Signal intensity and marked enhancement are due to dense cellularity (with high nucleus/cytoplasm ratios) and absence of necrosis (Fig 2).



**Fig 1.** [A] Axial T1 weighted demonstrates a left isointense cavernous sinus mass with extension to the left temporal fossa (arrow). Coronal [B] and axial [C] T1 after gadolinium shows a large homogeneously enhancing cavernous sinus mass (arrows). [D] Axial T2 demonstrates the hypointensity of the lesion (arrow) and also left temporal lobe hyperintensity (edema - arrow head).

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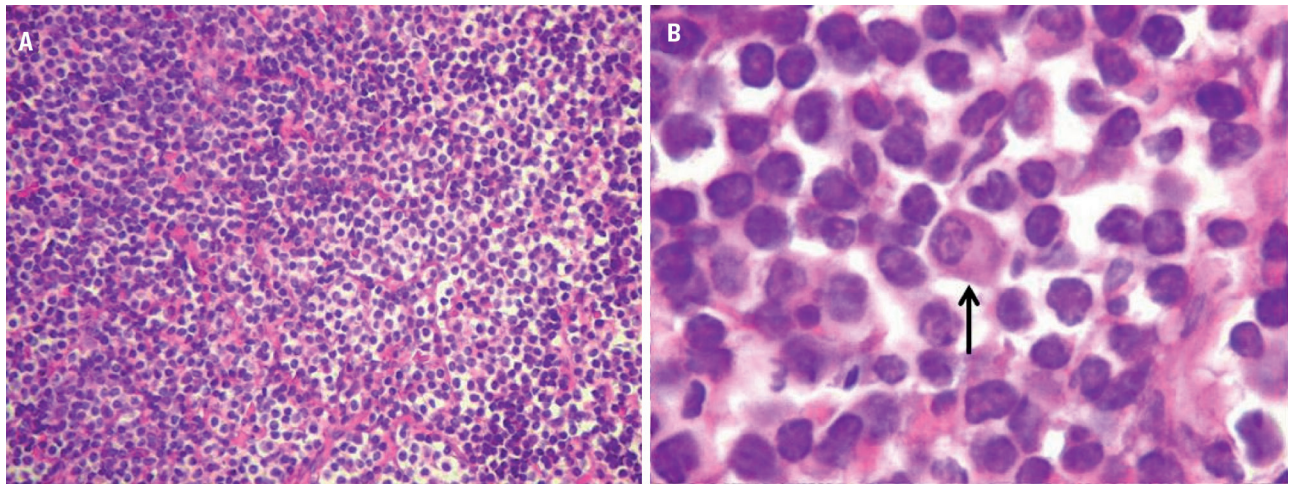
### Support

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### LINFOMA PRIMÁRIO DURAL: UM RARO SUBTIPO DE LINFOMA PRIMÁRIO DE SISTEMA NERVOSO CENTRAL (LPSNC)

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**Fig 2.** [A,B] HE. Monotonous patternless growth of small lymphoid cells, some with perinuclear halos. Cells have uniform appearance, without mitotic figures. A few plasmacytoid cells were found (arrow). [C] CD20 immunohistochemistry demonstrates positivity in cell membranes, indicating lymphoid B lineage. [D] Ki-67 marked few scattered nuclei (about 3%), consistent with slow tumor growth (arrows).

Primary dural lymphoma is a rare form of PCNSL. It arises from dura mater, usually being a low-grade marginal zone lymphoma, while other types of PCNSL are usually high grade large B-cell lymphomas<sup>1-3</sup>.

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