Bing-Neel syndrome
Síndrome de Bing-Neel

Artemios K. Artemiadis1,2, Aspasia Terentiou2, Dimosthenis Kolokythopoulos3, Nikos Triantafyllou1, George Nikolaou2

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/mm³, 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 syndrome1. In Bing-Neel syndrome, MRI usually discloses tumoral or diffuse CNS abnormalities with gadolinium-enhancing leptomeningeal, parenchymal or cranial nerve lesions2. Chemotherapy (intrathecal methotrexate, rituximab, cyclophosphamide and vincristine) was dispensed with marked clinical improvement.

References


1Kapodistrian University of Athens, School of Medicine, Aeginition Hospital, 1st Department of Neurology, Athens, Greece; 2NIMTS Hospital, Department of Neurology, Athens, Greece; 3NIMTS Hospital, Department of Hematology, Athens, Greece.

Correspondence: Artemiadis K, Artemios; Monis Petraki Str, 10-12, GR-115-21, Athens, Greece; Email: kmwartem@yahoo.com

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Erratum

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The name of the authors:
Artemiadis K Artemios¹², Terentiou Aspasia², Kolokythopoulos Dimosthenis³, Triantafyllou Nikos¹, Nikolaou George²

Should be:
Artemios K. Artemiadis¹², Aspasia Terentiou², Dimosthenis Kolokythopoulos³, Nikos Triantafyllou¹, George Nikolaou²