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Case Report: A 52-Year-Old HIV-Seropositive Patient with Hodgkin's Disease

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■ Case Report

An HIV-seropositive 52-year-old man presenting in June 1997 with Hodgkin's disease (grade II) was treated with an MOPP chemotherapy regimen (methylchloroethamine, vincristine, procarbazine, prednisone) followed by mediastinal radiotherapy with a total dose of 40 Gy at 1.8 Gy per fraction.

Ten years later, in 2007, he described a 2-year history of paraesthesias in the feet bilaterally. Numbness and tingling gradually progressed, ascending upward to include the legs, with a disturbance of pain and temperature sensation across his upper abdomen and lower chest. In the weeks preceding his admission, he had developed weakness in his lower and upper extremities as well as bladder sphincter dysfunction. An MRI was performed showing an enlargement of the cervical and upper thoracic spinal cord with a hyperintense signal in a T2-weighted image from C3 to T7 (Figure 1), with an intramedullary contrast-enhancing lesion on C6.

■ What's Your Diagnosis?

A spinal biopsy was performed and the pathological diagnosis was a glioblastoma (WHO grade-IV astrocytoma). Because

this spinal tumour occurred in the field of a previous radiotherapy performed 10 years earlier, this glioblastoma might be a radiation-induced tumour, as previously described in Hodgkin's disease [1]. The main differential diagnosis would be radiation-related myelitis (radionecrosis) but this diagnosis was excluded by the biopsy. Doses below 45–50 Gy in 1.8–2-Gy fractions are considered safe and are rarely associated with injury to the spinal cord. However, several case reports of radiation myelitis have been observed with such doses when given in conjunction with high-dose chemotherapy.

Reference:

1. Riffaud L, Bernard M, Lesimple T, et al. Radiation-induced spinal cord glioma subsequent to treatment of Hodgkin's disease: case report and review. *J Neurooncol* 2006; 76: 207–11.

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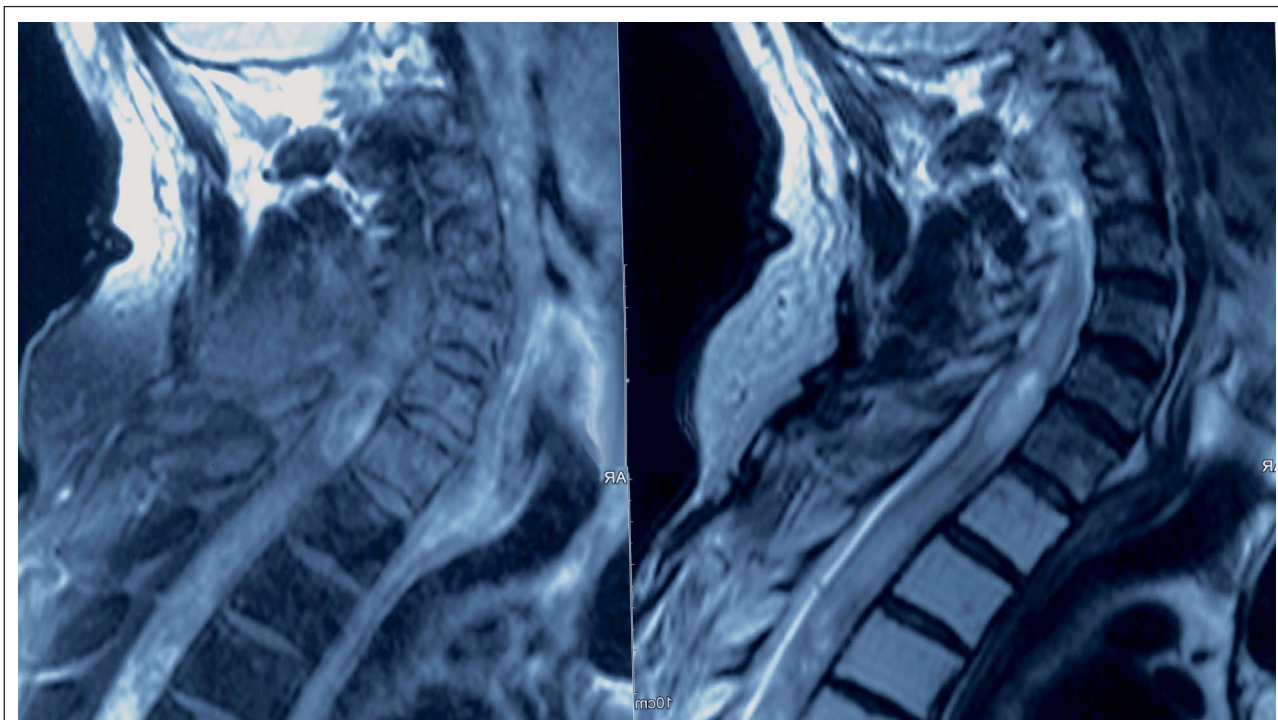


Figure 1. Enlargement of the cervical and upper thoracic spinal cord with a hyperintense signal in a T2-weighted image from C3 to T7, with an intramedullary contrast-enhancing lesion on C6.