

[ LETTERS TO THE EDITOR ]

**Reply to the Letter “Could the Possibility of Secondary Central Nervous System Lymphoma Be Ruled Out in This Patient?”**

**Key words:** neurology, primary central nerve system lymphoma, intraventricular lymphoma, ventriculitis

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**The Authors Reply** We thank Dr. Kobayashi for his important comments regarding our article (1) and for suggesting several interesting reports. He raised the question of how we had ruled out the possibility of secondary central nervous system (CNS) lymphoma in our case.

The International Primary Central Nervous System Lymphoma Collaborative Group has established guidelines for diagnostic evaluations to exclude systemic lymphoma. Such evaluations should ideally include contrast-enhanced magnetic resonance imaging of the brain; computed tomography (CT) of the chest, abdomen, and pelvis; bone marrow aspiration; a detailed ophthalmic examination; human immunodeficiency virus (HIV) testing; lumbar puncture; and in men, a testicular examination (2). In our case, contrast-enhanced CT of the neck, chest, abdomen, and pelvis (including testes) revealed no evidence of malignancy. Bone marrow aspiration also revealed no evidence of malignancy. HIV testing was negative. Cerebrospinal fluid cytology showed no evidence of malignancy. A detailed ophthalmologic examination was not performed, but the patient had no visual symptoms. Unfortunately, we did not perform gastrointestinal endoscopy as suggested by Dr. Kobayashi in his letter.

The CNS normally lacks lymphoid aggregates, and whether malignant transformation develops locally within normally trafficking CNS lymphocytes or from within a sub-

population of lymphocytes with specific tropism for the CNS remains unclear (3). However, it seems reasonable to consider that malignant lymphocytes enter the CNS via the bloodstream, since they do not originate from the CNS. In our case, lymphoma cells seemed to be entering the periventricular parenchyma through the choroid plexus. Since our case showed no evidence of extra-CNS lesions, at least according to our investigations, we reported this case as one of primary CNS lymphoma based on the guideline above and following previous reports (4, 5).

**The authors state that they have no Conflict of Interest (COI).**

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