

Leptomeningeal isolated infiltration in plasma cell dyscrasia associated to HIV

Discrasia plasmocitária associada ao HIV com infiltração leptomeningea isolada

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Arq. Neuropsiquiatr. 2022;80(12):1286–1287.

A 52-year-old HIV-positive man (CD4 = 74 cells) presented with amaurosis and headache. The cerebrospinal fluid (CSF) had increased opening pressure and the magnetic resonance

imaging (MRI) findings included irregular leptomeningeal thickening on the right frontoparietal transition and parietal sulci, with restricted diffusion, and irregular nodular gadolinium enhancement (► **Figures 1–3**). Through CSF immunophenotyping, the final diagnosis of plasma cell dyscrasia with

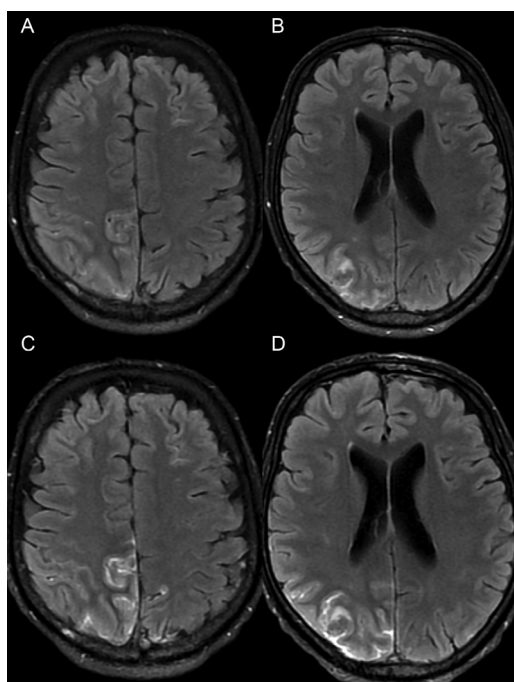


Figure 1 (A-B) Precontrast fluid-attenuated inversion recovery (FLAIR) axial images showing a hyperintensity and thickening of the sulci on the right frontoparietal transition and parietal lobe. (C-D) Postcontrast FLAIR axial images better depicting intense, thick, and irregular leptomeningeal enhancement on the aforementioned regions.

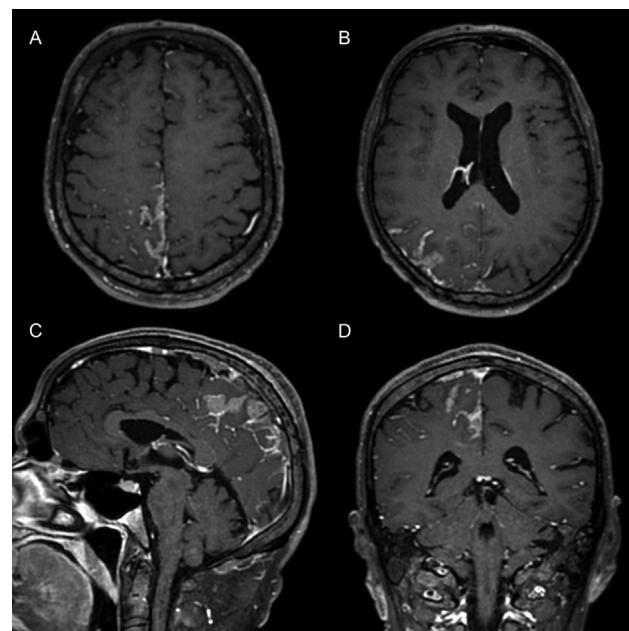


Figure 2 (A-B) Postgadolinium volumetric fast-spin echo black-blood T1-weighted image demonstrating thick and irregular leptomeningeal enhancement on the right frontoparietal and parietal regions. (C-D) Sagittal and coronal postcontrast vessel wall imaging respectively demonstrating a nodular lesion in the same regions.

received
June 16, 2022
accepted
July 10, 2022

DOI <https://doi.org/10.1055/s-0042-1758391>.
ISSN 0004-282X.

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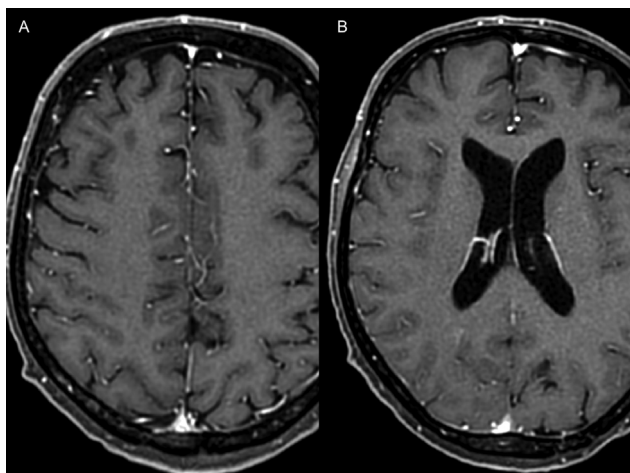


Figure 3 (A-B) Axial T1-weighted image after 35 days of chemotherapy showing complete regression of the leptomeningeal thickening and enhancement.

leptomeningeal infiltration was confirmed. HIV is a known risk factor for a wide range of plasma cell dyscrasia, from benign manifestations to aggressive multiple myeloma.¹ Meningeal involvement in multiple myeloma and plasma cell dyscrasias is extremely rare, with less than 70 reported cases.²

Authors' Contributions

FS, LS: responsible for the case and literature review, gathering images and writing the manuscript; BCAT: responsible for this report's concept, literature review, image selection, and manuscript review.

Conflict of Interest

The authors have no conflict of interests to declare.

References

- 1 Anuradha S, Sethi P. Plasma cell disorders in HIV infected patients: A case series. *J Clin Diagn Res* 2017;11(06):OR03-OR05
- 2 Laribi K, Mellerio C, Baugier A, et al. Meningeal involvement in multiple myeloma. *Clin Case Rep* 2015;3(02):84-87