Title: Lymphoma Revealed: Exploring Stroke-Like Patterns

Authors: Abu-Tineh, Mohammad; Tran, Tan; Danishwar, Mahmood; Bukhari, Raesham; Rettew, Andrew

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Introduction:
For patients with stroke-like symptoms, a comprehensive diagnostic approach is crucial. We report a case of paraneoplastic cerebellar degeneration syndrome secondary to classic Hodgkin lymphoma, initially mimicking a stroke. This highlights the importance of a broad diagnostic perspective, including consideration of other rare differentials.

Case Description:
A 49-year-old male with anxiety and chronic back pain presented with nausea, vomiting, vertigo, diplopia, dysarthria, and gait instability. On the exam, vertical nystagmus was noted. The initial impression was a possible acute cerebrovascular accident; hence, a stroke workup, including an MRI of the brain was done, which came back negative. Further imaging and infectious workup were negative. CSF analysis showed elevated Beta-2 microglobulin, lymphocytic predominance, and normal flow cytometry. IV methylprednisolone was trialed for suspected immune dysfunction but discontinued due to worsening symptoms. After ten days with no improvement, the patient was transferred to higher-level care. PETCT confirmed hypermetabolic right cervical lymph node and parotid gland uptake. The paraneoplastic panel was positive for anti-trotter antibodies. An excisional biopsy revealed mixed cellularity classical Hodgkin lymphoma. The patient was subsequently started on Adriamycin, bleomycin, Vinblastine, and Dacarbazine chemotherapy. During the oncology and neurology outpatient follow-up, patient reported some improvements with the chemotherapy regimen.

Discussion:
This emblematic case of paraneoplastic syndromes underlines the diagnostic challenges when mimicking stroke-like symptoms. Interdisciplinary collaboration between neurology and oncology is pivotal for accurate diagnoses and tailored treatments. Clinicians must maintain a broad diagnostic scope to avoid overlooking rare malignancies linked to paraneoplastic syndromes. Other potential differentials include autoimmune encephalitis, CNS vasculitis, and infectious causes. This emphasizes the need for heightened clinical suspicion in atypical neurological presentations, ensuring a thorough exploration of potential underlying conditions.