SACRAL DIFFUSE LARGE B-CELL LYMPHOMA PRESENTED AS CAUDA EQUINA SYNDROME. Case report and systemic review.

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Abstract

ABSTRACT: Background: Cauda equina syndrome secondary (CES) to primary sacral diffuse large B cell lymphoma (DLBCL) is an uncommon condition, and few cases have been reported in the medical literature. After an extensive literature review related to these topics, we did not find a reported case like our patient.

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final SACRAL B-CELL LYMPHOMA PRESENTED AS CAUDA EQUINA SYNDROME.doc available at <https://authorea.com/users/420445/articles/526790-sacral-diffuse-large-b-cell-lymphoma-presented-as-cauda-equina-syndrome-case-report-and-systemic-review>

FIGURE 1: PRISMA FLOW DIAGRAM OF INCLUDED ARTICLES

TABLE 1
AGE GROUP(YRS.)

& REFERENCES.	TYPE OF TUMOUR	TREATMENT	OUTCOME
1- 9- n=1 [32]	NOS-n=1	SURGERY	GOOD
10-19- n=1 [33]	HD-n=1	R-CHOP-n=1	GOOD
20-29- n=4 [34,35]	HD-n=2, DLBCL-n=1, NR-n=1	R-CHOP-n=1	GOOD
30 -39- n=3 [26, 36-38]	LCL-n1, DLBCL-n=2	NR- n=1 SURGERY-n=2	GOOD
40-49- n=37 [39-41]	NOS-n=35, DBLCL-n=2	NR-n=35	NR-n=35
50-59- n=4 [29,42-45]	NOS-n=1, DBLCL-n=3	NR-n=1 R-CHOP-n=2	NR-n=2
60-69- n=4[46]	DBLCL-n=2	R-CHOP-n=2	GOOD
70-79- n=1[47]	DBLCL-n=1	R-CHOP-n=1	GOOD
80-89- n=2 [31,48]	DBLCL-n=1	R-CHOP-n=1	GOOD
Total n=54/100%	DBLCL-63.15%	R-CHOP-19.04%	GOOD- 88.88%