Primary non Hodgkin lymphoma of the vertebra is rare in the spine of the elderly. The clinical presentation and radiological features are unspecific, which make it more difficult for diagnosis.

Jia et al. report a case of a 79-year-old woman complaining of serious backache without any injury. The magnetic resonance imaging (MRI) showed invasion of the fifth thoracic vertebra with the posterior vertebral body wall defect. There was a high suspicion that the patient had a metastatic tumor of the vertebra. A percutaneous vertebroplasty was performed under fluoroscopic guidance, which was used to treat the osteoporotic vertebral compression fracture, vertebral metastases, vertebral hemangioma, and multiple myeloma. The pain was rapidly and conspicuously relieved after the procedure. The visual analog scale (VAS) score decreased from 8 preoperatively to 2 postoperatively. The imaging examination postoperatively revealed a small amount cement leaking into the spinal canal, but there were no symptoms and no complications. During vertebroplasty, a biopsy was done by biopsy needle before injection of the cement (polymethyl methacrylate). The histopathological examination revealed a diffuse large B cell lymphoma. No new evidence of any other lesion was found during a 6-month follow-up period. The patient was diagnosed with primary bone lymphoma finally. Due to the previous condition of the patient, R-miniCHOP chemotherapy was applied following the surgery in the department of hematology. Until the 9 months follow-up, the clinical result was still satisfactory [1].

[1]

Jia P, Li J, Chen H, Bao L, Feng F, Tang H. Percutaneous Vertebroplasty for Primary Non-Hodgkin's Lymphoma of the Thoracic Spine: Case Report and Review of the Literature. Pain Physician. 2017 Jul;20(5):E727-E735. PubMed PMID: 28727717.

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