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Central Nervous System Lymphoma—Clinical, CT and MR Correlation

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Objective: Central nervous system (CNS) lymphoma is not common. Primary CNS lymphomas represent 1% of all lymphomas and as many as 16% of all primary brain tumours. In 5 to 9% of systemic non-Hodgkin's lymphoma, secondary spread involves the CNS. However, with an increasing incidence in both the immunocompetent and immunocompromised populations, this amplified prevalence makes CNS lymphoma an important consideration in the differential diagnosis of brain lesions. The CT and MRI findings of intracranial lymphomas can be non-specific. Radiologists should be aware of the imaging features to make a prompt diagnosis and hence give treatment.
Methods: From 2000 to 2008, 13 patients with histological proven CNS lymphoma were retrospectively reviewed. The clinical presentation, CT and MR findings were correlated.
Results: Among 13 patients, there were seven males and six females. Their ages ranged from 32 to 83 (mean, 62.5) years. Primary CNS lymphoma was noted in 11 and secondary CNS lymphoma in 2 patients. Among 11 primary CNS lymphomas, 3 patients presented with headache only, 1 headache and unsteady gait, 2 hemiparesis, 3 dizziness and syncope, 1 facial and tongue numbness, 1 diplopia. For two patients with secondary CNS lymphoma, one presented with intestinal obstruction and 1 tonsilar involvement. None of these patients were suffering from AIDS nor immunocompromised. All had CT and MR of the brain performed. Their CT and MR findings will be correlated and presented.
Conclusion: The clinical presentation, CT and MR findings are bizarre and non-specific. High index of suspicion with clinical and imaging correlation are essential to make a prompt diagnosis and guide management.

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Pilot Project of Integration of Chinese Medicine (Acupuncture) and Western Medicine for Neurohabilitation of Children with Acquired Brain Injury—a Study of Two Cases

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Purpose: To demonstrate if there is any efficacy of integration of Chinese medicine (acupuncture) and western medicine for rehabilitation for two children with acquired brain injury (ABI).
Methods: Two children (M/1 year, with dystonic cerebral palsy, cortical visual impairment and global developmental delay due to acute encephalitis; and M/12 years, with spastic tetraplegia, cortical visual impairment, and severe mental retardation due to hypoxic-ischaemic encephalopathy related to hypertrophic cardiomyopathy) were enrolled into our pilot programme which had started as the 'First Integrated Chinese Medicine and Western Medicine for Neurorehabilitation of Children with Traumatic or Acquired Brain Injury under the Hospital Authority' in June 2008. Both of them received daily acupuncture treatment and conventional neurohabilitation programme for 4 months. Pre- and post-assessment were performed for both cases. Deoxyglucose PET scan of the brain, parental daily reports for any change after each acupuncture session were monitored. Objective outcome measures were performed by the Neurohabilitation Team with allied health disciplines including physiotherapist, occupational therapist, optometrist, audiologist, speech therapist and clinical psychologist in pre- and post-acupuncture treatment using objective outcome measures including Modified Ashworth Spasticity Scale, CVI assessment, Video Fluoroscopic Swallow Study (VFSS) and Functional Independence Measure of Children (WeeFIM). Videos were taken by blind assessors.
Results: PET scan of the brain showed mild-to-moderate increase in glucose uptake for both cases. Videos and clinical outcome measures showed improvement in vision and other parameters.
Conclusions: A short and intensive course of acupuncture can be effective in improving visual and functional outcome for children with ABI. Further research is underway to assess the practicability of organising this model of integration of Chinese medicine (acupuncture) and western medicine for neurohabilitation of children with ABI in Hong Kong.