Leptomeningeal isolated infiltration in plasma cell dyscrasia associated to HIV

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
leptomeningeal infiltration was confirmed. HIV is a known risk factor for a wide range of plasma cell dyscrasias, from benign manifestations to aggressive multiple myeloma.\textsuperscript{1} Meningeal involvement in multiple myeloma and plasma cell dyscrasias is extremely rare, with less than 70 reported cases.\textsuperscript{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
\textsuperscript{1} Anuradha S, Sethi P. Plasma cell disorders in HIV infected patients: A case series. J Clin Diagn Res 2017;11(06):OR03–OR05