Papilledema secondary to Burkitt lymphoma

Papiledema secundario a linfoma de Burkitt

Dear Sir,

Burkitt lymphoma (BL) is a type of rapid growth B-cell non-Hodgkin lymphoma affecting children and young adults. It can become endemic in Africa, sporadically or associated to immunodeficiencies. Characterized by sudden onset and aggressive growth, BL occurs due to translocation in the c-Myc gene of chromosome 8.1 It was described in 1958 by the Irish surgeon Denis Parsons Burkitt while working in Uganda.

The endemic variant of BL is most prevalent in equatorial Africa, possibly due to the association with chronic malaria infection which could produce diminished resistance to the Epstein–Barr virus.1–4 Regarded as the most frequent neoplasia in children in that region, this endemic form is characterized by a rapid growth tumor which generally appears on the maxillary or the jaw.

In its sporadic form, BL is not associated to the Epstein–Barr syndrome and accounts for 30–50% of childhood lymphomae, particularly in male children and young adults with a mean age of 10 years. It most frequently appears in the abdominal or cervical region and over 50% of patients exhibit disseminated or metastatic disease at diagnostic, with central nervous system infiltration in up to 20% of cases.

In the forms associated to immunodepression, BL develops in patients with AIDS or transplanted organs who take immunosuppressant drugs. BL can be one of the conditions associated to initial AIDS expressions.

We present the case of a male patient, 12, who visited due to holocranial headache with several weeks evolution which partially receded with usual analgesia. In addition, the patient exhibited asthenia, anorexia and constitutional syndrome with slight weight loss in the past month and painless cervical adenopathies. Upon exploration, visual acuity was 0.8 in both eyes (BE), with anterior pole, extrinsic and intrinsic ocular motility being normal. Intraocular pressure was 14 mm Hg in BE. Ocular fundus revealed asymmetric papilledema with peripapillary hemorrhages and hard exudates, predominantly in the left eye (Figs. 1 and 2). The

© 2013 Sociedad Española de Oftalmología. Published by Elsevier España, S.L.U. All rights reserved.

Fig. 1 – Right ocular fundus: papiledema with predominantly nasal inferior hemorrhages.

patient was referred to the Neurology Dept., where imaging tests were performed (computerized tomography and magnetic resonance), as well as lumbar puncture, being subsequently diagnosed with intracranial hypertension secondary to central nervous system infiltrated by BL. The patient was referred to the Oncology Dept. for study and treatment.

To conclude, even though BL is infrequent it should be taken into account in the differential diagnostic of papilledema in children in our environment.

**REFERENCES**


E. Santos-Bueso*, A. Asorey-García, J.A. Gegúndez-Fernández, J.M. Vinuesa-Silva, J. García-Sánchez

* Unidad de Neurooftalmología, Servicio de Oftalmología, Instituto de Investigación Sanitaria, Hospital Clínico San Carlos (IdISSC), Madrid, Spain

Cátedra de Oftalmología, Universidad de Salamanca, Salamanca, Spain

* Corresponding author.  
E-mail address: esbueso@hotmail.com (E. Santos-Bueso).

2173-5794/$ – see front matter  
© 2013 Sociedad Española de Oftalmología. Published by Elsevier España, S.L.U. All rights reserved.

---

**Fig. 2 – Left ocular fundus: papilledema with peripapillary hemorrhages in all quadrants and hard exudates.**

---

**Differential diagnosis of visual hallucinations**

**Diagnóstico diferencial de las alucinaciones visuales**

Dear Editor,

Hypnic hallucinations are a type of physiological hallucinations associated to sleep, including hypnagogic and hypnopompic hallucinations. Pre-sleep or hypnagogic hallucinations are visual, auditive or tactile and occur just after the beginning of deep sleep, in phases 3 and 4 of non-REM sleep. In this twilight zone between awareness and sleep, the subject believes he is awake and sees, hears or feels something around him but, due to the inhibition induced in the spinal chord by the brain cortex, he is unable to move. Hypnopompic or post-sleep hallucinations appear when the subject is waking up and is in a condition that does not allow him to distinguish objective reality and therefore perceives these hallucinations as real.

Hypnic hallucinations can occur with greater frequency in young people without previous ophthalmological disease, with the most frequent being tactile, auditive or related to sensations. Hypnagogic hallucinations are usually associated to some diseases (narcolepsy, familial sleep palsy, among others) and hypnopompic hallucinations mostly occur in isolation.

We present the case of a male patient, 75, referred due to experiencing visual hallucinations. He referred seeing houses with people going in and coming out, in color, starting about

---

* Please cite this article as: Dupré-Peláez M, Santos-Bueso E, García-Sánchez J. Diagnóstico diferencial de las alucinaciones visuales. Arch Soc Esp Oftalmol. 2015;90:397–398.