In the hospital, review of symptoms revealed difficulty swallowing solids and a 6-pound weight loss during the preceding two months. The patient had not experienced fever or drenching night sweats. Chest/abdomen/pelvis CT revealed a 10 cm anterior mediastinal mass and diffuse lymphadenopathy with marked splenomegaly. Her dental braces were removed, and a subsequent MRI of the brain was done. It showed swollen appearance, increased T2 signal intensity in majority of pons and anterior portion of medulla, and ill-defined foci of T2 hyperintensities in left cerebellar peduncle most consistent with a brainstem encephalitis. A swallow study showed thin liquid aspiration. Labs showed leukocytosis of 27.9 with ANC of 24, anemia with hemoglobin of 9.5 g/dL with MCV of 70, reticulocyte percent age of 2.4, platelet count of 332, CRP of 76.6 mg/L, ESR of 100 mm/hr, and normal LDH, uric acid, basic metabolic and hepatic panel, and negative EBV serologic study.

Discussion
This case highlights optic neuritis as the first sign of an undiagnosed lymphoma in the absence of class B symptoms. The patient’s age was the sole classic finding for a lymphoma on presentation. She did not have night sweets and fevers—other classic signs of lymphoma—even at the time of her diagnosis.

This case also underscores the importance of a complete physical exam, as palpation of the abdomen led to the diagnosis. Even in the setting of incongruous symptoms, otherwise unexplained cases of optic neuritis should warrant inclusion of a possible neoplastic process on the initial differential. (The differential had included Leber’s hereditary optic neuropathy, sarcoidosis, Lyme disease, systemic lupus erythematosus, neuromyelitis optica and vitamin B12 deficiency.) Physicians should be aware that if MRI is needed, orthodontists will remove and replace braces at no additional cost to the family.

In addition, this case illustrates how an incorrect diagnosis can have potentially dire consequences. Had the lymphoma been diagnosed earlier, the patient would not have received steroids, which masked the lymphoma, prolonging the disease course. When steroids are given to patients with underlying lymphoma, it alters their prognosis and place them at increased risk of relapse, thus necessitating more intensive chemotherapy.