



Figure 1. Axial and coronal T1 weighted images (A and C) show bilateral asymmetrical enlargement of cavernous sinuses with inhomogeneous contrast enhancement (B and D).

lant therapy and normal CSF cytology, the diagnosis of CST is more likely in the presence of this clinical features. For diagnosis of thyroid Burkitt lymphoma, core needle biopsy has higher sensitivity and positive predictive value than FNA for the diagnosis of thyroid gland lymphomas because the presence of concurrent Hashimoto thyroiditis, decrease the accuracy of FNA.^{14,15} In our patient at first FNA was done for the patient that the Hashimoto thyroiditis was diagnosed but after surgical biopsy, Burkitt lymphoma diagnosed. The first step in treating is to eliminate the underlying cause to reduce the risk of recurrence, but due to prevent further thrombosis, anticoagulation with heparin should be considered.^{16,17} In our case heparin and chemotherapy were started but she succumbed one month after the diagnosis of the disease.

Conclusions

In conclusion, paraneoplastic bilateral

CST as the first presentation of lymphoma is very unusual. But in any case without evidence of common causes, hypercoagulability state and malignancy should be considered.

References

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