

Primary Central Nervous System Lymphoma Leading to Hypersexuality and Sexual Addiction, Review of Treatment Considerations



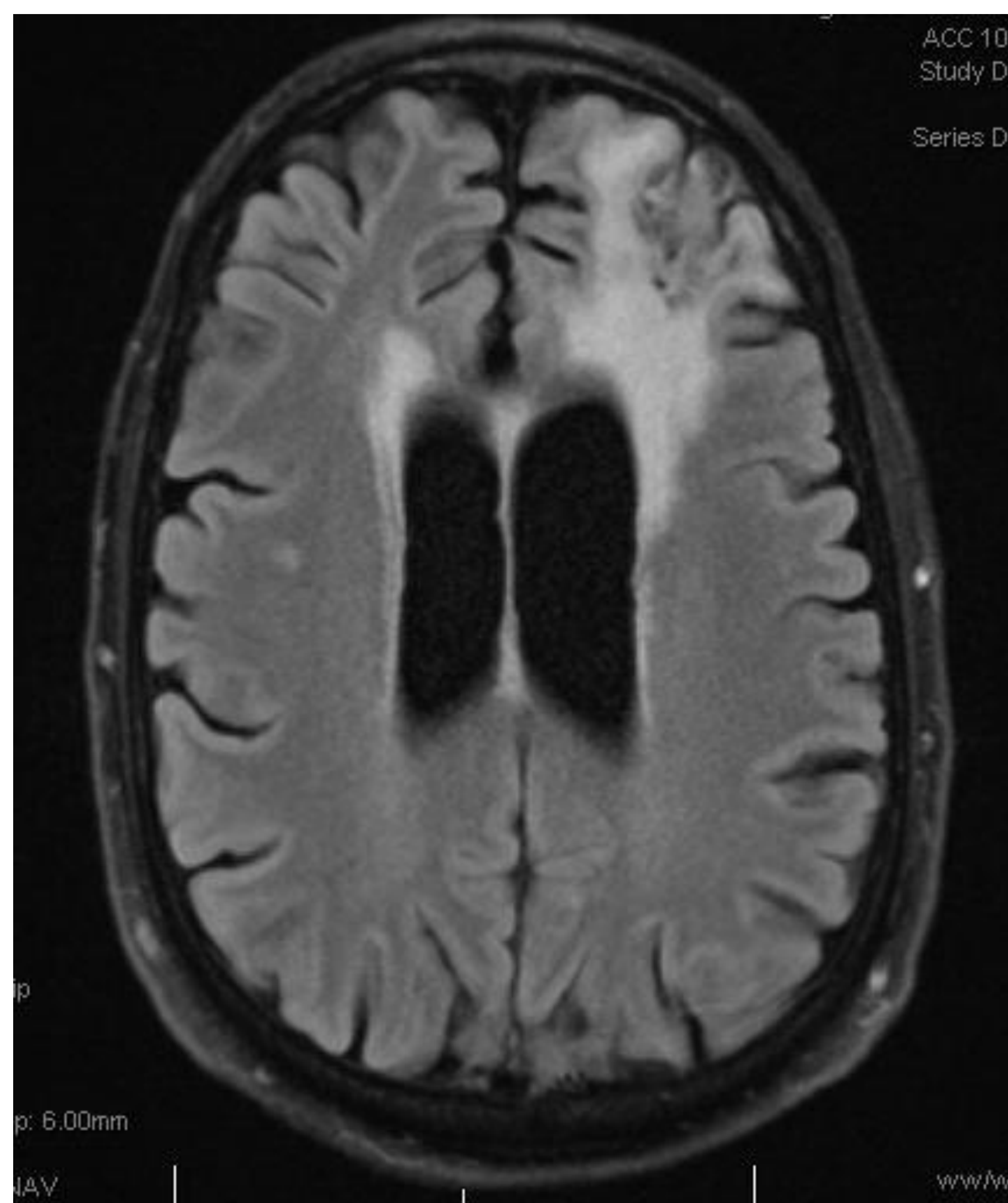
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Introduction

PRIMARY CNS LYMPHOMA

- Primary central nervous system (CNS) lymphoma is a type of non-Hodgkin's lymphoma that occurs isolated in the CNS (brain parenchyma, CSF, spinal cord, eye).
- CNS lymphoma is rare, but often presents with behavioral and cognitive symptoms (up to 60% of cases)¹, and these symptoms often persist after treatment.³
- As commonly the psychiatric/behavioral symptoms related to these tumors are due to involvement of cortical circuits, particularly in the frontal lobe, they overlap with symptoms of various other brain tumors which are commonly encountered by CL psychiatrists.



Case Report

- 58 yo M presented w/ progressive somnolence, headaches. Had profound behavioral changes, apathy
- Prominent hypersexuality. loss of control over sexual behaviors, cravings, compulsive use, escalation in behaviors, difficulty reducing behaviors with unsuccessful efforts to reduce behaviors, and negative effect on health, relationships, and legal consequences.
- Treated with 4 cycles of MATRix (methotrexate, cytarabine, thiotepa, and rituximab), followed by autologous stem cell transplant with thiotepa/busulfan/cyclophosphamide conditioning. No evidence of disease recurrence since treatment
- Following treatment -persistent behavioral changes, hypersexuality, as well as ongoing seizure disorder

PSYCHIATRIC TREATMENT TRIALS

Medication	Maximal Dose	Response
Sertraline	300 mg daily	Possible very mild improvement in apathy, hypersexuality
Naltrexone	150 mg daily	Possible minimal improvement in hypersexual behaviors, in a controlled environment
Olanzapine	10 mg QHS	Marked worsening hypersomnolence
Valproic Acid	750 mg BID	Thrombocytopenia, treatment limiting
Modafinil	200 mg daily	Moderate improvement in wakefulness during the day, no worsening or improvement of behaviors

LEUPROLIDE

- Gonadotropin Releasing Hormone (GnRH) agonist -> tonic activation of GnRH receptors in pituitary -> suppression of Follicle Stimulating hormone (FSH) and luteinizing hormone (LH) -> profound suppression of testosterone
- Used in androgen deprivation therapy for prostate cancer, treatment of endometriosis, ovarian suppression during treatment for breast cancer, precocious puberty, and off-label for paraphilias

LEUPROLIDE PROTOCOL

- Baseline labs (LFT, BMP, Ca/Mg/Phos, total and free testosterone, FSH, LH, prolactin), as well as every 3 months
- Baseline and annual bone density scan (DEXA)
- Leuprolide 3.75mg IM q 4weeks
- Flutamide 125mg TID for two weeks after the first leuprolide injection
- Consider Alendronate 35mg Q7days
- Calcium 800 mg daily + Vitamin D 60 IU daily

References

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