

## Clinical Image

# Hypnic Headache due to Bing and Neel Syndrome

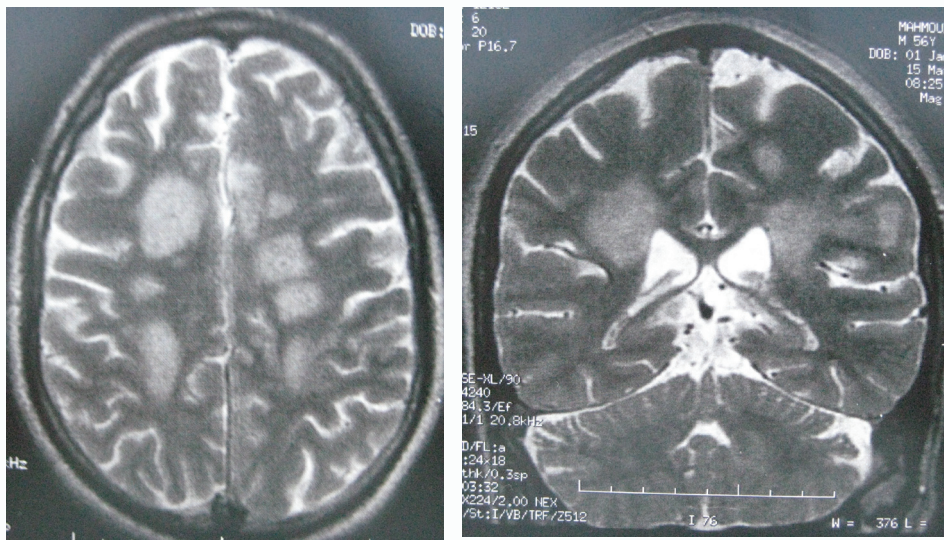
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## Clinical Image

A 55-year-old man with no medical history, developed headaches six months before he was seen, occurring exclusively during sleep and waking the patient up. The pain was located in the frontal area bilaterally, moderate in intensity and it lasted usually about 60 minutes. Nocturnal attacks occurred every day and twice per night. They were often accompanied by nausea, and powerful need to drink or read a newspaper without other autonomic symptoms. There was no snoring or apnea during sleep. The physical examination was normal and there were no clinical signs of peripheral neuropathy. An ambulatory blood pressure for 24 hours was unremarkable. T2-weighted Magnetic Resonance Imaging (MRI) of the brain demonstrated extensive areas of high-intensity signal in the periventricular white matter (Panel A and B). Biological tests (immunoelectrophoresis of proteins) revealed a monoclonal Immunoglobulin M protein (IgM). Bone biopsy revealed a lymphoplasmacytic infiltration. The study of Cerebrospinal Fluid (CSF) showed lymphocytic meningitis with increased protein level. Serology for toxoplasmosis, tuberculosis and cryptococcosis were negative in CSF. The most frequent neurological complication of Waldenstrom's macroglobulinemia is polyneuropathy which is IgM-mediated. Direct tumor cell infiltration of the nervous system is rare and better known as the "Bing and Neel syndrome". This syndrome is usually caused by a meningeal or meningo-myelo-cerebral tumor infiltration.

**Keywords:** Hypnic headache, Bing and neel syndrome; Waldenstrom



**Panel A:** Axial T2-weighted Magnetic Resonance Imaging (MRI) of the brain showing extensive areas of high-intensity signal in the periventricular white matter.  
**Panel B:** Coronal T2-weighted Magnetic Resonance Imaging (MRI) of the brain showing extensive areas of high-intensity signal in the periventricular white matter.

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