Incidental Detection of Retroperitoneal Schwannoma: A Case Report

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Abstract

Schwannoma is a benign tumor arising from peripheral nerve sheath cells. It is rare to find them outside head, neck and extremities. We report a rare case of an incidentally detected large retroperitoneal mass in a 62-year-old male by radiological investigation, who underwent fine needle aspiration cytology which was insignificant and proceed for excision, which was found to be schwannoma on histopathological examination.

Keywords: Retroperitoneal schwannoma; Peripheral nerve; Malignant; Cancer

Introduction

Schwannomas represent an uncommon subtype of soft tissue tumors, originating from peripheral nerve sheaths. 90% of schwannomas are seen in the head and neck and flexor aspect of upper and lower limbs. Retroperitoneal schwannomas are rare, accounting for less than 10% of cases [1,2]. Incidence of benign schwannomas is 3-3.2%; in contrast, malignant subtypes occur in retroperitoneum in 1.7% of the cases [3-5]. Retroperitoneal schwannomas most of times are larger and have a higher tendency to be complicated by spontaneous degeneration and hemorrhage [6]. In this present article, we describe an incidentally detected retroperitoneal mass on ultrasonography of abdomen in 62 year old male patient.

Case Report

A 62-year-old gentleman with no previous major health problems was referred to our department with the findings of an incidentally detected retroperitoneal mass. There was no history of pain abdomen, awareness of lump, anorexia, weight loss and fever. The physical examination revealed an evident mass in the right upper abdomen. He denied any history of fever, anorexia, and asthenia or weight loss. His past medical and surgical history was unremarkable.

Per abdomen examination revealed a hard, smooth, immobile, non-tender lobular mass around 10 × 8 cm in size in left lumbar region. General physical examination was unremarkable for café-au-lait spots or other features of Recklinghausen’s disease. On laboratory tests, the liver function tests, renal function test and haemogram were normal. As following Cancer Antigen 19-9 was 5 µ/ml (reference range: below 2.5 ng/ml in Non-smokers). On radiological investigations, ultrasonography of abdomen showed a rounded lobulated heterogeneous mass with cystic areas and calcification on the left in the para-aortic region below the level of left kidney measuring 110 × 83.1 mm in size.

On further radiological evaluation, dynamic contrast enhanced computed tomography showed a well-defined rounded heterogeneous mass with predominantly solid component and soft tissue attenuation in the retroperitoneum, located in the left para-aortic region between the aorta and left iliac artery, measuring 107 × 90 × 90 mm, there was no loss of fat planes between the paravertebral space and the mass. Small cystic areas and foci of calcification were seen within it. Post contrast scan reveal enhancement of solid areas (Figure 1).

Fine needle aspiration cytology of the lesion was done to know the nature of cells for differentiation of malignant from benign cells as a routine protocol followed in our institute, which revealed mature adipose tissue fragments, few muscle fragments and scant fibrous stroma in a haemorrhagic background.

Intraoperatively, a tumor measuring 10 × 9 × 5 cm, adherent to left ureter and lumbar spine was found. There were no liver metastasis/ peritoneal/pelvic deposits. Complete tumor excision was done from the surrounding structures preserving the vascular structures and the left renal vein. The mass neither encased the superior/ inferior mesenteric artery or vein, nor the left renal vein. The patient’s postoperative course was uneventful and was discharged on post-operative day [7]. Histopathological analysis demonstrated spindle cell shaped tumor cells with mild nuclear pleomorphism, well formed Verocay bodies, hyalinized blood vessels, cystic changes and few foci of micro-calcification and peripheral lymphoid aggregates and giant cells (Figure 2). Immunohistochemical stains were positive for S-100 (Figure 3). Overall feature were suggestive of schwannoma.

Discussion

Schwannomas are benign tumors that develop from Schwann cells of the peripheral nerve sheath derived from the neuroectoderm. They
A definitive diagnosis is based on pathological, histological, and immunohistochemical findings. Schwannomas histologically consist of compact cellular lesions (Antoni type A tissue) and loose, hypocellular myxoid lesions with microcystic spaces (Antoni type B tissue). In addition, almost all schwannomas show intense immunohistochemical staining for S-100 protein, confirming the neuroectodermal origin of the tumor cells. The malignancy rate of schwannomas range from 1.7 to 30.7%, and the relapse rate is as high as 61%. Even in pathologically benign cases, relapse rate is 4.3%, and the malignant transformation rate is 12% [6-9].

The only definitive treatment for schwanna is surgical excision as they are chemo-radiation resistant. However, the necessity for negative soft tissue margins is controversial especially when adjacent tissue or viscera need to be sacrificed. The prognosis of benign schwannomas is good and the most frequent complication is recurrence of the tumor, probably due to incomplete excision, which accounts for 5–10% of cases [11,12]. Our patient is free of symptoms, recurrence or malignant transformation of tumor after one and half year of follow-up which was done by clinical examination and contrast enhanced ultrasonography [10-12].

Conclusion

We present a rare retroperitoneal schwanna in male which was detected incidentally. Most of them are benign and requires a high index of suspicion. In this case study we found that radiological investigations plays a major role in management of patient and during follow up period. Diagnosis is confirmed by histopathology and total excision of the tumor, probably due to incomplete excision, which accounts for 5–10% of cases [11,12]. Our patient is free of symptoms, recurrence or malignant transformation of tumor after one and half year of follow-up which was done by clinical examination and contrast enhanced ultrasonography [10-12].

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