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COLONIC SCHWANNOMA: A RARE CAUSE OF ABDOMINAL PAIN

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A 73-year-old woman patient with a history of ulcerative colitis who was admitted with a one-week history of abdominal pain. An abdominopelvic CT scan revealed incidentally demonstrating an ovoid formation located at the level of the cecum wall measuring approximately 31 x 27 mm, with nonspecific characteristics (Fig. 1A-B, asterisk). A video colonoscopy was performed, which showed a rounded lesion of 5 cm in the cecal area, with extrinsic compression and covered with normal mucosa. The patient underwent laparoscopic right hemicolectomy, and the pathological examination confirmed the diagnosis of schwannoma. The tumor cells were composed of spindle cells with low nuclear atypia, nuclear palisading growth pattern and lymphoid cuffing surrounding tumor cells (Fig. 2A). Immunohistochemically showed that S-100 was diffuse, strong positive in tumor cells (Fig. 2B) and GFAP was positive in tumor cells (Fig. 2C).

Digestive tract schwannomas are extremely rare. Although most are benign, in very rare cases, there is a risk of malignant transformation. For this reason, surgical resection is the most appropriate therapeutic option without the need for adjuvant radiotherapy or chemotherapy. Immunohistochemistry is essential in the anatomopathological diagnosis to differentiate it from the rest of the mesenchymal tumors of the digestive tube.

Figure 1 |

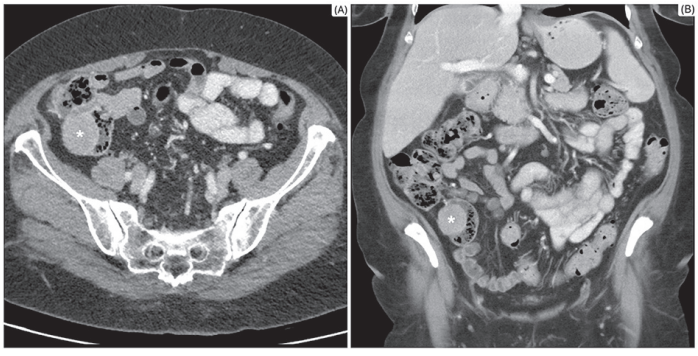

Figure 2 |