

Intra-pancreatic schwannoma masquerading as a cystic neoplasm of pancreas: A rare case report

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Intra-pancreatic schwannomas are rare neoplasms, presenting with vague symptoms of abdominal discomfort or pain or sometimes asymptomatic. Preoperative imaging in two-thirds of cases appears as cystic neoplasm's, implying a whipple resection. If a definitive pre-operative diagnosis of schwannoma is made confidently, that will spare extensive surgery and associated morbidity. According to the recent literature less than 50 cases are reported in English literature in past 30 years. Here we report a 26 years old female presented with complaints of lump and pain in the abdomen for one year. On local examination 8X7cm hard immobile lump in the epigastrium, extending into right hypochondrium & umbilical regions. Rest of the abdominal examination is unremarkable. Patient was further evaluated by doing routine blood, biochemical and imaging studies. Initial imaging study by ultrasonography revealed lobulated well-defined mass in the head &uncinate process. Contrast enhanced computed tomography (CECT) revealed 8.3 X 7.4 cm heterogenous, well defined lobulated minimal progressive enhancing hypodense lesion noted involving head and neck of pancreas causing compression and dilation of the pancreatic duct (PD-4.4mm). Fine needle aspiration done during ultrasound showed a

gelatinous aspirate. Cytosmear of the aspirate revealed only benign columnar epithelial cells. Provisional diagnosis of Solid pseudopapillary tumour of pancreas was made and case was proposed for surgical management by whipple pancreaticoduodenectomy procedure. Grossly the tumour was identified in the head of pancreas measuring 8X7cm and the surface appeared lobulated. Histopathological examination revealed an encapsulated, well circumscribed tumour with adjacent compressed pancreatic tissue. Tumour tissue is composed of spindle cells with cellular palisading into Antoni A and Antoni B areas. Immunohistochemistry was performed with S-100 diffuse positivity and negative cytokeratin, CD117 and AE1/AE3, confirming the tumour mass as a benign nerve sheath tumour-Schwannoma.

Speaker Biography

Sai Kumar Maley has completed his residency training in pathology and senior residency from Osmania Medical College. He is interested in research on pulmonary malignancies and his post-doctoral dissertation work was centered on the immunocytochemical diagnosis of pulmonary malignancies in low resource setup's and his work highlighted an effective and economical usage of immunohistochemical markers and worked on the preanalytical variables influence on the outcomes.

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