Retroperitoneal ancient schwannoma

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A 37-year-old patient presented with a 7 months history of vague pain in the right loin. She suffered from the left renal stones previously which were treated conservatively. Her physical examination was normal. Plain and contrast computerized tomography (CT) scan of the abdomen revealed a large cystic mass of 10.5×5.2 cm in the right paravertebral space at D12-L1 level. Contrast enhancement of the mass showed heterogeneous nature with both solid and cystic components. The kidney was displaced anterolaterally. Both the adrenals were within normal limit (Fig. 1). Exploratory laparotomy revealed a cyst of 10.5×5.2 cm containing blood stained fluid and solid component, located postero-medially to the right kidney and posterior to right adrenal gland, in the right paravertebral space. Right renal vessels were splayed over the swelling. The cystic swelling was excised completely. Histopathological examination demonstrated Antoni- A and Antoni- B regions, suggestive of schwannoma (Fig. 2). The patient was asymptomatic at follow up, four months after the surgery. No further therapy was offered to the patient.

Discussion

Schwannomas are encapsulated soft tissue tumors arising from Schwann cells of the nerve sheath [1–3]. Benign

schwannomas are also known as neurilemmomas [2]. Common sites of occurrence are head, neck and extremities [1, 2]. Retroperitoneal schwannomas account for only 0.7–2.7% of all schwannomas and 0.5–1.2% of all retroperitoneal tumors [1, 3]. Usually, it affects females of age ranging from 39–80 years [3, 4]. The present case revealed cystic degeneration which is peculiar of an ancient cystic variety. It was first described by Ackerman and Taylor in 1951 [1, 5]. Very few cases of ancient cystic schwannomas have been reported in the literature [2, 5]. It shows degenerative changes such as cystic necrosis, calcification, perivascular hyalinization and hemorrhage [1, 5]. Usually, it is symptomless unless it attains very large size to cause pressure symptoms [1, 2]. Clinical features are generally vague and nonspecific [1]. CT and magnetic resonance imaging scans are widely used as imaging modalities for retroperitoneal

Fig. 1 CT scan of the abdomen showing right side retroperitoneal cystic mass (arrow), postero-medial to the right kidney

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Fig. 2 Histopathological micrograph showing highly ordered cellular, Antoni- A (short arrow) and hypocellular myxoid, Antoni- B (long arrow) areas. (Stain - haematoxyl and eosin, low power view)

schwannomas [3–5]. Definitive diagnosis is mainly based on histopathological findings and confirmation is made by immunohistochemistry. Histopathologically schwannomas are composed of Antoni-A and Antoni-B regions. Antoni – A region is cellular and consists of spindle shaped Schwann

cells. The Antoni- B area is hypocellular with copious myxoid matrix [2, 3]. There is very rare chance of local recurrence with complete excision of the benign schwannomas.

Conflict of interest The authors do not have any disclosable interest

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