

Case report:

Abdominal mass- Schwannomas : Case report

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Abstract:

Herewith we presented unique case finding accidentally observed and documented case of Schwannomas in our department OPD came for second opinion. Schwannomas are homogeneous tumors, consisting only of Schwann cells. The tumor cells always stay on the outside of the nerve, but the tumor itself may either push the nerve aside and/or up against a bony structure (thereby possibly causing damage). In this case , after thorough discussions between consultants from different departments, it was decided that surgical removal of the mass was the best course of treatment. Exploratory laparotomy was scheduled with surgical and urology stand by. Vertical midline incision taken. fibrosis was noted due to previous surgery ,omental adhesions were present, adhesiolysis done.

Keywords: Schwannomas , abdominal mass

Background:

An abdominal mass is an abnormal growth in the abdomen. An abdominal mass causes visible swelling and may change the shape of the abdomen. A person with an abdominal mass may notice weight gain and symptoms such as abdominal discomfort, pain, and bloating. Masses in the abdomen are often described by their location. ¹Herewith we presented unique case finding accidentally observed and documented case of Schwannomas in our Department OPD came for second opinion. Schwannomas are homogeneous tumors, consisting only of Schwann cells. The tumor cells always stay on the outside of the nerve, but the tumor itself may either push the nerve aside and/or up against a bony structure (thereby possibly causing damage). ²In this case , after thorough discussions between consultants from different departments, it was decided that surgical removal of the mass was the best course of treatment. Exploratory laparotomy was scheduled with surgical and urology stand by.

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Case report:

A 44-year-old woman presented to our department with a vague abdominal discomfort and lump in abdomen for a second opinion. A physical examination revealed lump arising from abdomen around 20 weeks uterine size. Biochemical investigations revealed a normal white cell count and normal levels of the tumour marker, CA125.

An computed tomographic (CT) scan of her abdomen and pelvis showed a 16.3 cm x 8.4 cm x 8.3 cm sized heterogeneously enhancing lesion in pelvic arising from the right adnexa and extending to the lower abdomen upto the umbilical region, smooth uterus anteriorly. The mass had neither calcification nor any internal septae and the fat planes between the adjacent structures were preserved. Both the ovaries

appeared to be normal. Thus, a provisional diagnosis of subserosal or broad ligament fibroid made.

Patient had underwent an operation 3 months back but no fibroid was found. Instead, a huge retroperitoneal tumour with a significant mass effect on the ureters and rectum was found. Due to the technical problems anticipated with removal of the mass, but the biopsy was performed and a specimen sent for pathological examination. This was reported as schwannoma.

After thorough discussions between consultants from different departments, it was decided that surgical removal of the mass was the best course of treatment. Exploratory laparotomy was scheduled with surgical and urology stand by. Vertical midline incision taken. fibrosis was noted due to previous surgery ,omental adhesions were present, adhesiolysis done.

During the operation, the mass was present between vagina and rectum, excised and was found to be firm, solid and well-capsulated, measuring 14cm×10cm×8cm . The mass was adhered to the Posterior wall of the uterus and flimsy adhesion were present between mass and rectum. A total hysterectomy was performed. specimen sent for histopathological examination. intraop 1 pint of blood transfusion given.

Discussion:

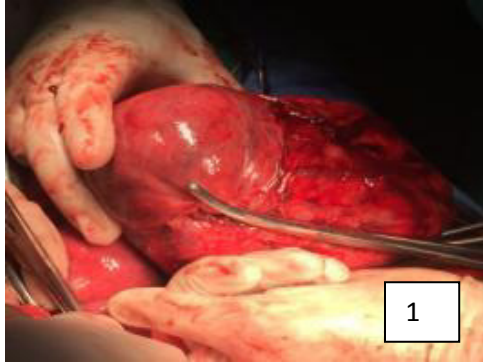
An abdominal mass is any localized enlargement or swelling in the human abdomen. Depending on its location, the abdominal mass may be caused by an enlarged liver (hepatomegaly), enlarged spleen (splenomegaly), protruding kidney, a pancreatic mass, aretroperitoneal mass (a mass in the posterior of the peritoneum), an abdominal aortic aneurysm, or various tumours, such as those caused by abdominal carcinomatosis and omental metastasis.

³The treatments depend on the cause, and may range from watchful waiting to radical surgery.

Schwannomas are tumors of the tissue that covers the nerves (nerve sheath). These tumors develop from a type of cell called a Schwann cell, which gives these tumors their name. They are usually benign (not cancerous). Although schwannomas can arise from any nerve in the body, the most common areas include the nerves of the head and neck and those involved with moving the arms and legs. Common symptoms include a slow-growing mass and Tinel's sign (an electric-like shock when the affected area is touched). ⁴The cause of schwannomas is unknown, but they sometimes occur in people with certain disorders including some types of neurofibromatosis. Benign schwannomas are typically treated with surgery. ⁵

Schwannomas are relatively slow-growing. For reasons not yet understood, schwannomas are mostly benign and less than 1% become malignant, degenerating into a form of cancer known as neurofibrosarcoma. Schwannomas can arise from a genetic disorder called neurofibromatosis. They are universally S-100 positive. Schwannomas can be removed surgically. Recurrences after total removal are rare. Verocay bodies are seen histologically in schwannomas.^{1,6}

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