IMAGE OF THE ISSUE

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Incidental Schwannoma of the Sigmoid

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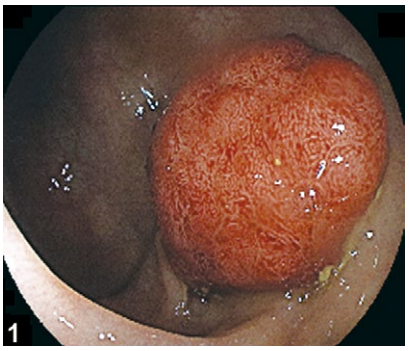

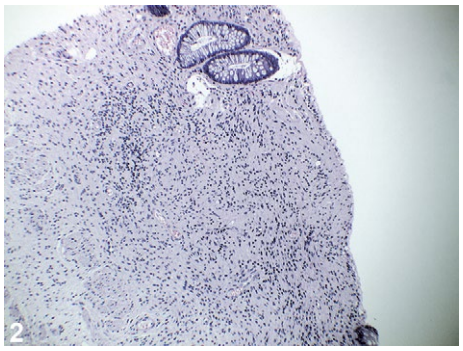

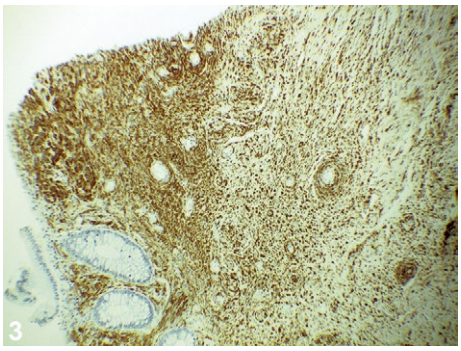

A 51-year old female underwent lower GI endoscopy for colorectal cancer screening. She did not report any significant personal or familial disease. During colonoscopy, a pedunculated polyp of 1.5-cm in size was detected in the sigmoid region (Fig. 1). After infiltration of the base with epinephrine 1:20000 and endo-clip placement, it was totally resected. The patient was discharged three hours after the procedure. Histopathological examination evidenced spindle cell proliferation, arranged in fascicles with areas exhibiting a storiform pattern (Fig. 2), with small, bland and elongated nuclei and eosinophilic cytoplasm. No pleomorphism, mitosis, or necrosis was detected. Immunohistochemistry showed a strong positivity for S100 (Fig 3) and negative stains for CD34, CD117, DOG-1 [Discovery of gastrointestinal stromal tumors (GIST)-1 and actin. The diagnosis of sigmoid schwannoma was formulated. Since the resection margins were without tumor cells, no additional investigations were recommended.

Schwannomas are benign tumors of the peripheral nerves arising from the Schwann cells. They represent about 2–6% of all mesenchymal tumors [1, 2], being most frequently diagnosed among people older than 60-years, with similar incidence rates for females and males [2]. In the gastrointestinal tract, these tumors are frequently asymptomatic, being mainly detected in the stomach (83%), while sigmoid location is extremely rare [1, 2]. They are detected as incidental submucosal lesions [3]. The diagnosis is confirmed by histopathology with immunohistochemical analysis. Schwannomas show elongated bipolar spindle cells with variable cellularity and sometimes peripheral cuff-like lymphocyte infiltration around the tumor, which helps to differentiate them from other spindle-cell tumors such as fibromas or leiomyomas [4]. Moreover, strong S100 positivity and negativity for CD34, CD117, DOG-1 and actin are the mainstay in differentiating these tumors from other smooth-muscle or GISTs [1, 5]. The malignant potential of schwannoma is low, and the prognosis is generally benign [1, 2]. Complete surgical or endoscopic resection obtaining free resection margins is the best therapeutic option [1, 2].

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Conflicts of interest: None to declare.

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