

Colonic Schwannomas: A Cause For Nerves?

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INTRODUCTION

- Schwannomas are the commonest peripheral nerve tumors.
- However, it exceedingly rare for them to occur in the lower gastrointestinal (GI) tract: 60-70% of GI cases are gastric vs. 3% colonic [1].
- This is the case of a submucosal colonic schwannoma detected incidentally.
- We discuss the typical manifestations and prognostic significance of these lesions.

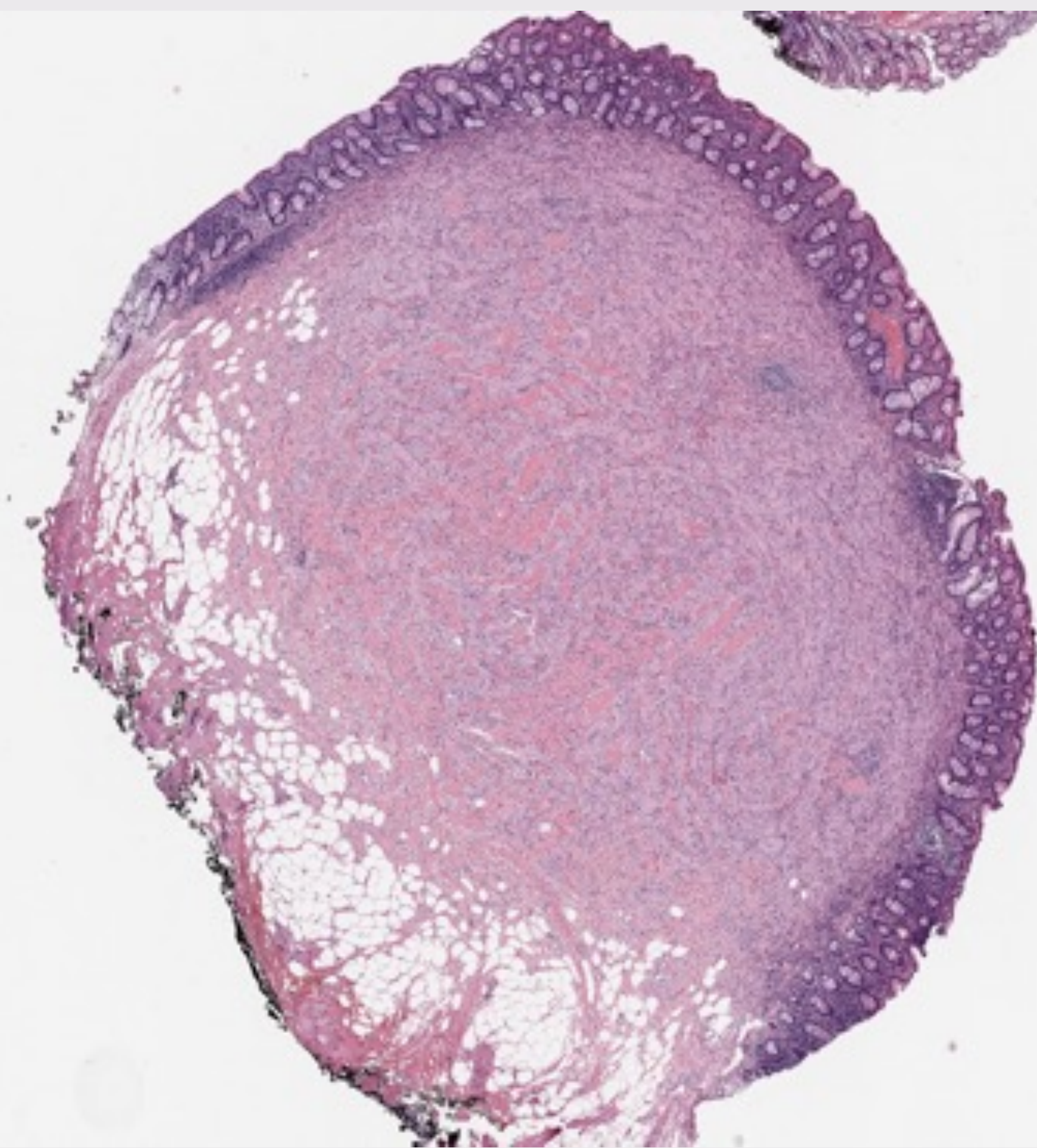


Figure 1: Macroscopic appearance of our patient's completely resected lesion, described as tan-pink polypoid tissue measuring 0.6 x 0.5 x 0.4 cm. Transection margins were negative for tumor involvement.

CASE PRESENTATION

- A 59-year-old man with intermittent constipation presented for colonoscopy for routine colorectal cancer screening.
- Colonoscopy 7 years prior had been unremarkable.
- Family history included colorectal cancer in second-degree relatives.
- Past medical history: non-alcoholic fatty liver disease, well-controlled human immunodeficiency virus infection and prediabetes.
- Physical examination was unremarkable.

COLONOSCOPY AND HISTOLOGY

- At colonoscopy, an 8 mm sessile, firm, submucosal lesion was found in the cecum; no other lesions seen.
- Lesion resected completely using a saline injection-lift technique and hot snare.
- Histology is shown in Figures 1 and 2.
- Immunohistochemically, cells were diffusely and strongly positive for S100 and negative for CD117, DOG1, SMA and desmin, which established the diagnosis of schwannoma.

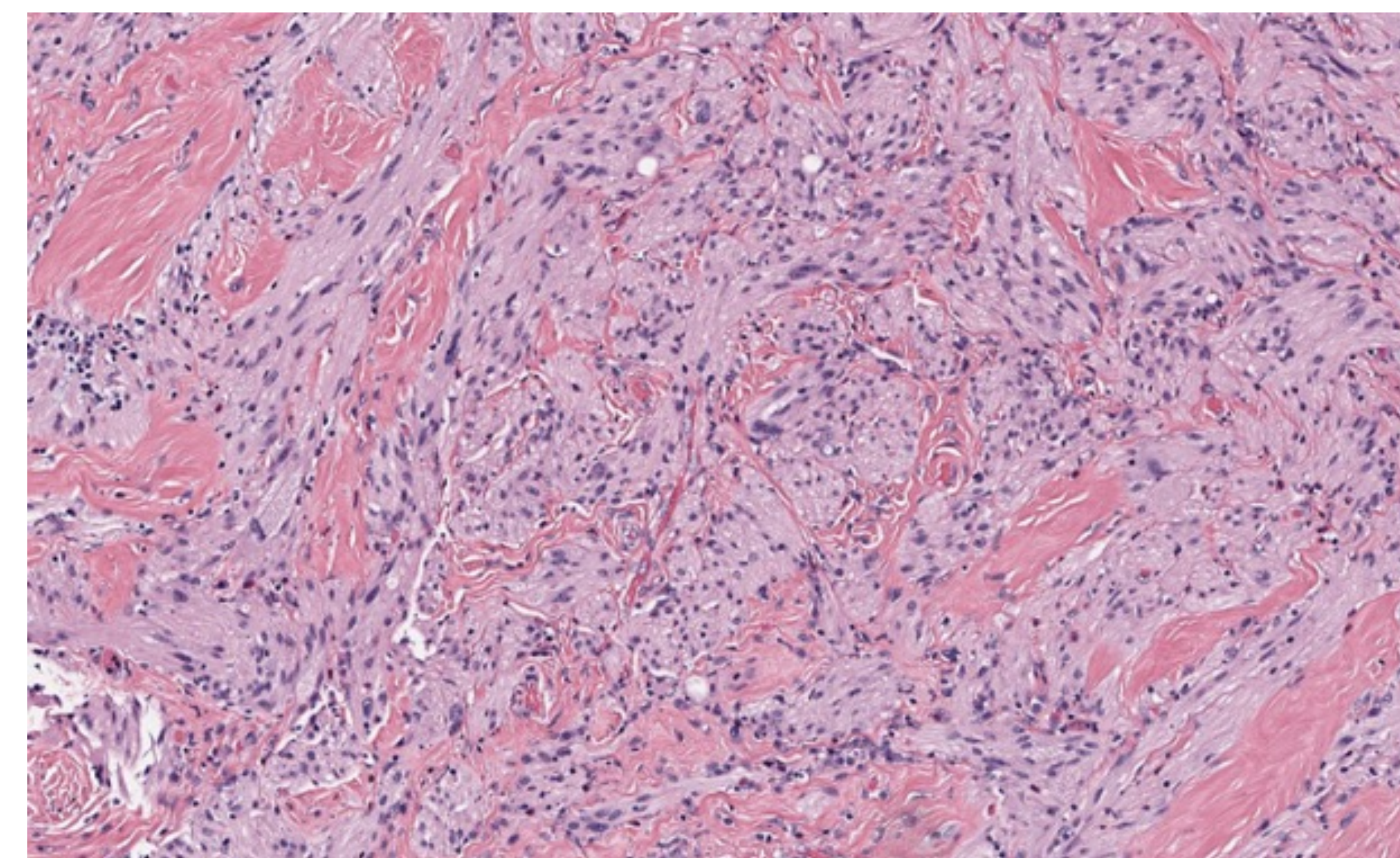


Figure 2: Microscopic appearance of the lesion, demonstrating the Antoni A pattern of a haphazard arrangement of bland cells. Nuclei are spindled and oval-shaped.

DISCUSSION

- Colorectal schwannomas are most often asymptomatic and detected incidentally.
- Rarely reported symptoms include rectal bleeding, abdominal pain, and constipation [2].
- Large schwannomas may need surgical resection [3], but most can be resected endoscopically.
- Schwannomas are benign lesions; though rare, atypical forms have demonstrated malignant potential [2].
- Recurrence after complete resection is rare, even after extended follow-up [1, 2].
- There is no established guidance regarding follow-up intervals for patients with colorectal schwannomas.
- Based on the lack of malignant potential and the low risk of recurrence, we recommended a repeat colonoscopy in 5 years for our patient.

REFERENCES

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