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Image of the Month

Endoscopic ultrasound-guided fine-needle aspiration diagnosis of pancreatic schwannoma

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A R T I C L E I N F O

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A 34-year-old woman, with a previous history of abdominal trauma, presented with recurrent abdominal pain. Abdominal computer tomography scan revealed a large septated solid-cystic lesion in the pancreatic head (Fig. 1A and B). Linear endoscopic ultrasound (EUS) showed a 7-cm multiloculated solid-cystic lesion (Fig. 1C and D). The mass was atypical for a pseudocyst, and more consistent with a cystic neoplasm. A single pass with a 22 gauge needle was performed for fluid aspiration and cytohistology of the solid component. Cystic fluid analysis showed carcinoembryonic antigen (CEA) 1.4 ng/ml, carbohydrate antigen 19.9 (CA19.9) 23.4 UI/ml, and amylase 34 U/l. These results were not suggestive of pseudocyst or mucinous neoplasm. Cytohistology (Fig. 2A) of the fine needle aspiration (FNA) specimen with immunostaining for S100 (Fig. 2B) revealed a pancreatic schwannoma. Due to symptoms and the large size of the lesion, the patient underwent surgical excision which confirmed the diagnosis of benign pancreatic schwannoma.

Schwannomas are rare neoplasms that originate from Schwann cells in the peripheral nerve sheath and usually occur in the extremities, but can also be found in the trunk, head and neck, retroperitoneum, mediastinum, pelvis and rectum. Only 47 cases of pancreatic schwannomas were reported in the literature [1]. These lesions frequently undergo cystic degenerative changes and morphologically may mimic other pancreatic cystic lesions so they are rare but important clinical entities to include in the differential diagnosis of pancreatic cystic lesions. EUS-FNA with immunostaining for S100 should be considered the best preoperative diagnostic approach.







Fig. 2.

Reference

 Moriya T, Kimura W, Hirai I, et al. Pancreatic schwannoma: case report and an updated 30-year review of the literature yielding 47 cases. World Journal of Gastroenterology 2012;18:1538–44.

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