Diagnostic and Interventional Endoscopy

Image of the Month

A Rare Tumor: Pancreatic Schwannoma

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Cite this article as: Şenkaya A, Aydin A. A rare tumor: Pancreatic schwannoma. *Diagn Interv Endosc.* 2023;2(1):27-28.

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Received: November 20, 2022 **Accepted:** January 31, 2023 **Publication date:** March 28, 2023 **DOI:** 10.5152/DiagnIntervEndosc.2023.223453

A 49-year-old female patient presented with abdominal pain, and a suspicious mass in the pancreas was observed on abdominal ultrasonography. The patient's biochemical tests were normal. In contrast-enhanced abdominal magnetic resonance imaging, a mass lesion of approximately 55 × 35 mm in size, located in the head of the pancreas, with cystic and solid components, hypointense in T1W, hyperintense in T2W, heterogeneously enhanced in dynamic studies and partially diffusion restriction was observed (Figure 1). In dynamic abdominal computed tomography examination, a hypodense mass lesion of approximately 44 × 31 × 31 mm at the pancreatic head level, growing from the pancreatic head to the cranial and containing cystic areas, with less contrast compared to the pancreatic parenchyma (Figure 2), and also located in the paravertebral area, between the thoracic 11th and 12th ribs was observed. A mass lesion with a diameter of approximately 23 × 15 mm, showing peripheral weighted contrast enhancement, was observed, suggesting a neurogenic tumor in the foreground. In the magnetic resonance imaging examination of the thoracic lesion, solid space-occupying formations, which are thought to be primarily of neural origin, with heterogeneous T2 signal and heterogeneous contrast brightening, with a diameter of approximately 3 cm at the level of the T12 vertebra and 1-1.5 cm at the level of

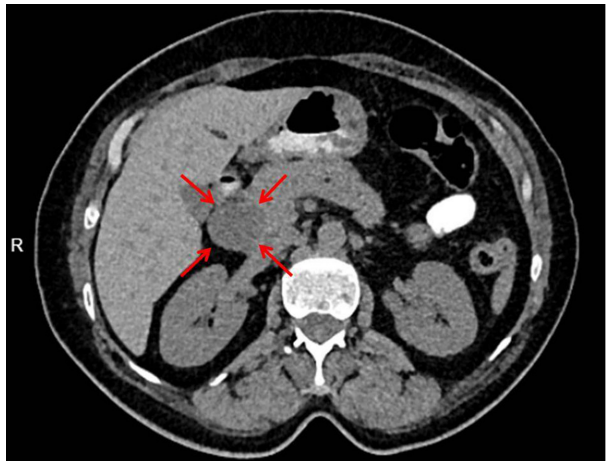

Figure 2. In dynamic abdominal computerized tomography examination, a hypodense mass lesion at the pancreatic head level, containing cystic areas, with less contrast compared to the pancreatic parenchyma was observed.

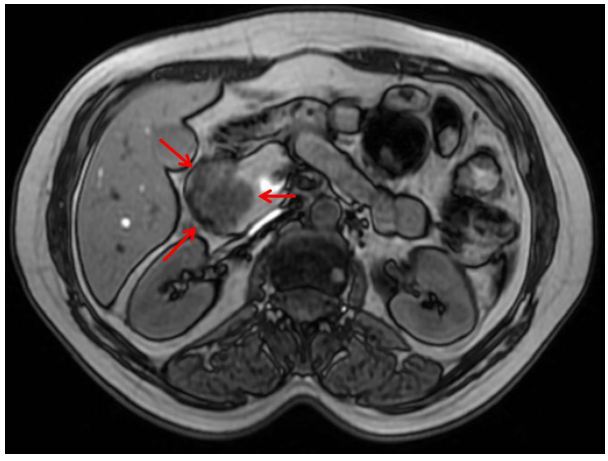

Figure 1. Contrast-enhanced abdominal magnetic resonance imaging shows a mass lesion located in the head of the pancreas, with cystic and solid components, hypointense in T1W, hyperintense in T2W, and heterogeneously enhanced in dynamic studies.

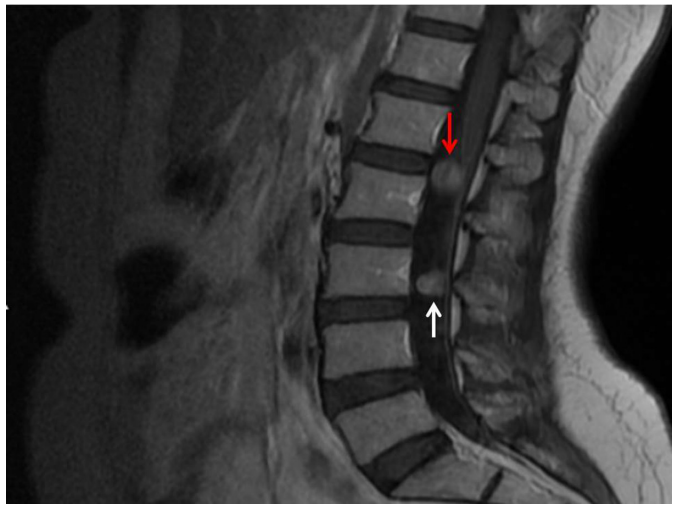

Figure 3. Magnetic resonance imaging examination of the thoracic lesion shows solid space-occupying formations, which are thought to be primarily of neural origin, with heterogeneous T2 signal and heterogeneous contrast brightening, at the level of the T12 vertebra and L1-L2 vertebrae.

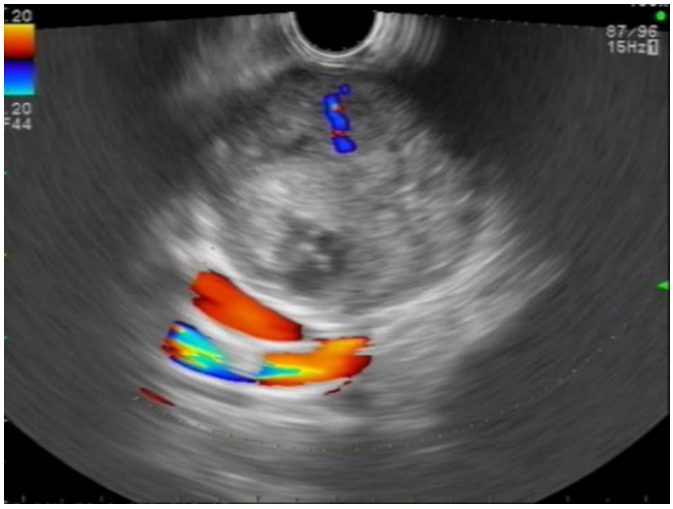

Figure 4. Endosonography of the pancreatic lesion revealed a heterogeneous hypoechoic tumoral mass in the pancreatic head, with a smooth contour, containing anechoic cystic areas, and vascular flows were observed in the Doppler examination.

the L1-L2 vertebrae were observed (Figure 3). Endosonography of the pancreatic lesion revealed a heterogeneous hypoechoic tumoral mass (Figure 4), which was approximately 40 × 30 mm in size in the pancreatic head, with a smooth contour, containing anechoic cystic areas, and vascular flows were observed in the Doppler examination, and endoscopic ultrasound-guided fine-needle aspiration was applied with a 22G needle (Figure 5). In the pathology examination, S-100, vimentin, and SOX-1 were positive and Ki-67 was detected 3% and reported as schwannoma.

Schwannomas are neurogenic tumors arising from the neural sheaths of peripheral nerves. It can affect almost any part of the body and is often detected in the head and neck, extremities, mediastinum, and retroperitoneum.[1] However, pancreatic schwannomas are rare. To our knowledge, only 96 cases of pancreatic schwannoma have been reported in the English literature in the last 50 years.[2]

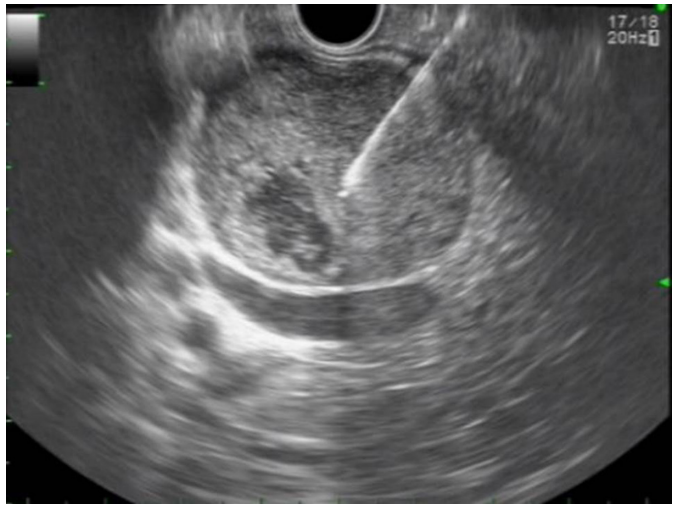

Figure 5. Endoscopic ultrasound-guided fine-needle aspiration was performed.

Informed Consent: Written informed consent was obtained from patientswho participated in this study.

Peer-review: Externally peer-reviewed.

Author Contributions: Concept – A.Ş., A.A.; Design – A.Ş., A.A.; Supervision – A.Ş., A.A.; Resources – A.Ş., A.A.; Materials – A.Ş., A.A.; Data Collection and/or Processing – A.Ş., A.A.; Analysis and/or Interpretation – A.Ş., A.A.; Literature Search – A.Ş., A.A.; Writing Manuscript – A.Ş., A.A.; Critical Review – A.Ş., A.A.

Declaration of Interests: The authors have no conflicts of interest to declare.

Funding: The authors declare that this study had received no financial support.

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