Peripheral nerve sheath tumors (PNST) form the third commonest group of mesenchymal tumors within the gastrointestinal tract. They occur with a frequency of approximately 5%, which compares with 50% for gastrointestinal stromal tumors (GIST) and 30% for smooth-muscle neoplasms [1]. In 2008, Liegl et al. described 10 cases of microcystic reticular schwannoma as a distinct variant with predilection for visceral sites [2]. Herein, we present two additional tumors that were detected upon screening colonoscopy in asymptomatic patients.

Tumor A occurred within the sigmoid colon of a 70-year-old woman. The lesion, which measured 0.7 cm at largest diameter, presented as a well circumscribed, yet nonencapsulated submucosal growth with deep muscular extension; it was removed by surgical resection (Fig. 1a, b).

Tumor B, which measured 1.3 cm at largest diameter, presented as a pedunculated lesion within the sigmoid colon of a 70-year-old man and was removed by snare polypectomy. This lesion was mainly located in the submucosa but extended into the mucosa causing entrapment of non-neoplastic crypts (Fig. 2a, b).

Upon histology, a characteristic reticular microcystic growth pattern with intersecting strands of spindle cells arranged around islands of myxoid or collagenous/hyalinized stroma was observed in both tumors. Tumor A, however, had additional areas indistinguishable from conventional schwannoma. Both tumors showed strong nuclear and cytoplasmic immunoreactivity for S-100 protein (Fig. 2c), but were negative for smooth muscle actin, desmin, CD34, and CD117 (KIT).

Microcystic reticular schwannoma represents a newly recognized benign variant of PNST predominantly affecting the gastrointestinal tract, which has to be differentiated from other mesenchymal tumors, such as GIST or smooth-muscle neoplasms [3]. Including our two cases, 15 tumors have been reported to date [1, 2, 4, 5]. Including our two cases, 15 tumors have been reported to date [1, 2, 4, 5].

Competing interests: None

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