Endoscopic ultrasound-guided fine-needle aspiration for the diagnosis of retroperitoneal schwannoma

Schwannoma is a rare peripheral nerve sheath tumor that is difficult to diagnose by imaging features alone. Endoscopic ultrasound (EUS)-guided fine-needle aspiration (FNA) with specific immunohistochemical (IHC) staining may be the only tool to obtain a diagnostic sample from such lesions. There are only a few case reports describing EUS-FNA diagnosis of retroperitoneal Schwannoma [1, 2]. In this report, we describe four cases (three males; mean age: 54.5 ± 16.4 years) with retroperitoneal Schwannoma, in whom the diagnosis was achieved with EUS-FNA and adjunctive IHC staining. All lesions were well demarcated, and had a rounded contour (Fig. 1a).

The mean size of the lesions on EUS was 23.7 ± 3.6 mm. EUS-FNA was successfully performed with a 22-gauge needle in all cases (Fig. 1b), with a sufficient yield for both cytological and cellblock analysis. The median number of needle passes was 2.5 (range 2–3). The cellblock analysis revealed bland proliferation of spindle cells with a palisading appearance and wavy fibrillar architecture (Fig. 1c). Further evaluation with IHC revealed negative staining for actin, CD34, CD-117, and S-100 (Fig. 1d), with strong positive staining for S-100 anti-body in all cases (Fig. 1e).

The proliferation rate (Ki-67 < 5%) was reported in all cases, supporting the benign nature of the lesions.

We recommended conservative follow-up for our patients rather than surgical resection, because all of the patients were asymptomatic and there were no mitotic figures on FNA, with a low Ki-67 index in all the aspirates. It is worth noting that most reports have stressed on complete surgical resection as the appropriate management of retroperitoneal schwannomas [3, 4]. Our view is that the morbidity associated with surgical resection is not justified in these benign lesions, and the use of EUS-FNA to establish the diagnosis may help in avoiding unnecessary surgery.

Competing interests: None

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