

Concurrent Colonic Schwannoma and Primary Mature Cystic Teratoma of Ovary with Goiter Carcinoid in a Young Woman

Yeehua Cao¹ Jun Liu² Xiao Cui³ Liang Liu¹

¹ Department of Gastroenterology, Central Hospital Affiliated to Shandong First Medical University, 105 Jiefang Road, Lixia District, Jinan, Shandong, China

² Department of Internal Medicine, Shandong Provincial Police Officer General Hospital, 134 Yingxiong Mountain Road, Shizhong District, Jinan, Shandong, China

³ Department of Gastroenterology, Central Hospital Affiliated to Shandong First Medical University (Shandong Academy of Medical Sciences), 105 Jiefang Road, Lixia District, Jinan, Shandong, China

Address for correspondence Liang Liu, MD, Department of Gastroenterology, Central Hospital Affiliated to Shandong First Medical University, 105 Jiefang Road, Lixia District, Jinan, 250011, Shandong, China (e-mail: liveryground@163.com).

J Digest Endosc

A 32-year-old woman was hospitalized due to intermittent left lower abdominal pain and discomfort for 1 month. Gynecological color Doppler ultrasonography showed cystic space-occupying lesions in the left ovary. The patient underwent laparoscopic-assisted excision of the left ovarian lesions, and postoperative pathology showed primary mature cystic teratoma of ovary with goiter carcinoid (► **Fig. 1**).

During the hospitalization, the patient's fecal occultation blood was continuously positive. Colonoscopy revealed a

large space-occupying mass in the ascending colon, which was round, tough, and had poor mobility. Superficial ulceration was found on the mass surface (► **Fig. 2**). Biopsies of the mass showed chronic inflammation. Subsequently, the patient underwent laparoscopically-assisted right hemicolectomy. Positive S-100 protein staining was found in immunohistochemistry (► **Fig. 3**), suggesting that the mass was a

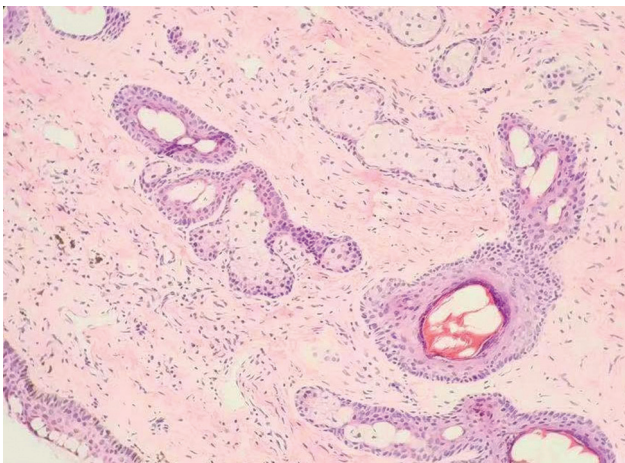


Fig. 1 Postoperative pathology of the ovary revealed primary mature cystic teratoma of ovary with goiter carcinoid.

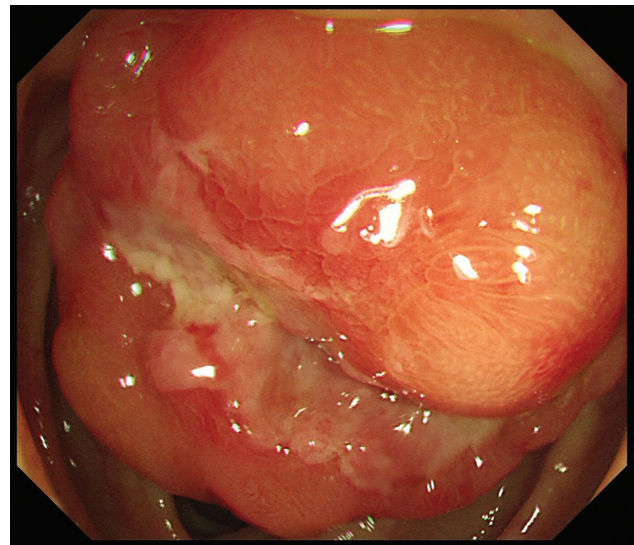


Fig. 2 Endoscopic findings of the patient with colon schwannoma.

DOI <https://doi.org/10.1055/s-0043-1777738>.
ISSN 0976-5042.

© 2024. The Author(s).

This is an open access article published by Thieme under the terms of the Creative Commons Attribution License, permitting unrestricted use, distribution, and reproduction so long as the original work is properly cited. (<https://creativecommons.org/licenses/by/4.0/>)

Thieme Medical and Scientific Publishers Pvt. Ltd., A-12, 2nd Floor, Sector 2, Noida-201301 UP, India



Fig. 3 Postoperative immunohistochemistry of the patient.

schwannoma.¹ The patient recovered well and had no recurrence during the follow-up of 2 and a half years.

Schwannoma is a rare interstitial tumor originating from the autonomic nervous system, mostly originating from the neuroectoderm. It usually occurs in the head, neck, and limbs, and is mostly benign. It is extremely rare to occur in the colon and rectum. The probability of malignant transformation of gastrointestinal schwannoma is about 2%.² Most patients with colon schwannoma have no obvious symptoms, while a few seek medical attention due to symptoms such as diarrhea, abdominal pain, bloody stools, and constipation. Primary mature cystic teratoma of the ovary with goiter carcinoid is a relatively rare low-grade ovarian malignancy, accounting for approximately 0.1% of ovarian tumors.³ Most patients present with an adnexal mass, which is usually treated surgically and confirmed

by postoperative paraffin pathology and immunohistochemistry. The prognosis is relatively good, with a high 5-year survival rate. The patient in this case has both a colon schwannoma and a primary material cystic tumor of the ovary with goiter cancer, which is rare. It is currently unclear whether there is a correlation between the specific pathogenesis of the two diseases, and it is urgent to conduct in-depth exploration from the genetic and molecular levels.

Authors' Contributions

All authors contributed to writing of the manuscript.

Patient Consent

Patient's written consent was obtained for the publication of the case details.

Financial Support

This study was funded by the Shandong Province Medical and Health Science and Technology Development Plan (202003030878).

Conflict of Interest

None declared.

References

- 1 Fletcher CD, Berman JJ, Corless C, et al. Diagnosis of gastrointestinal stromal tumors: a consensus approach. *Hum Pathol* 2002;33(05):459–465
- 2 Braumann C, Guenther N, Menenakos C, Junghans T. Schwannoma of the colon mimicking carcinoma: a case report and literature review. *Int J Colorectal Dis* 2007;22(12):1547–1548
- 3 Davis KP, Hartmann LK, Keeney GL, Shapiro H. Primary ovarian carcinoid tumors. *Gynecol Oncol* 1996;61(02):259–265