A 59-year-old white man was referred for evaluation of epigastric pain that was radiating to his back and a 5-kg weight loss over 6 months. A computed tomography (CT) scan revealed a heterogeneous low-attenuation tumor, measuring 5 cm in size, adjacent to the celiac artery and the pancreatic body (Fig. 1). Sectorial endoscopic ultrasound (GF-UCT140-AL5; Olympus America Inc., New York, USA), coupled to an ultrasound unit (Prosound alfa-5 SX; Aloka), detected a retroperitoneal well-circumscribed, hypoechoic mass, which measured 5 × 4 cm and was located immediately above the celiac tripod (Fig. 2).

Endoscopic ultrasound-guided fine needle aspiration (EUS-FNA) was performed by three passes of a 22-gauge needle (EchoTip Ultra Echo-22; Cook Medical, Winston-Salem, North Carolina, USA). Histology revealed a spindle cell tumor that was strongly immunoreactive for S-100, thereby defining it as a schwannoma (Fig. 3). The tumor was successfully removed despite its adherence to the celiac tripod arteries (Fig. 4).

A schwannoma is a tumor arising from neural crest-derived Schwann cells in the sheaths of peripheral nerves. Retroperitoneal schwannomas are very rare, comprising less than 6% of all retroperitoneal tumors [1]. They are clinically asymptomatic until the tumors reach a large size and cause compressive symptoms. Diagnosis is difficult because of their rarity, asymptomatic course, and the lack of any specific diagnostic blood test or features on imaging studies [2]. Tumor size is related to its malignant potential and to the formation of cysts [3]. Surgery is the treatment of choice and is usually curative [4]. The findings on EUS generally reveal a well-circumscribed hypoechoic mass. EUS-FNA of retroperitoneal tumors is a valuable method for the preoperative diagnosis of schwannomas [2].

Competing interests: None
César Vivian Lopes¹, Manuela Zereu², Roque Domingos Furian¹, Bianca Canela Furian¹, Tiago Auatt Paes Remonti⁴
1 Department of Gastroenterology and Digestive Endoscopy, Santa Casa Hospital, Porto Alegre, Brazil
2 Department of Clinical Oncology, Santa Casa Hospital, Porto Alegre, Brazil
3 Department of Pathology, Santa Casa Hospital, Porto Alegre, Brazil
4 Department of Surgical Oncology, Santa Casa Hospital, Porto Alegre, Brazil

References
2 Kudo T, Kawakami H, Kuwatani M et al. Three cases of retroperitoneal schwannoma diagnosed EUS-FNA. World J Gastroenterol 2011; 17: 3459 – 3464

Fig. 3 Histopathological findings of the cell block specimen showing: a large cohesive groups of spindle cells with nuclear palisading on hematoxylin and eosin (H&E) staining (original magnification × 100); b diffuse nuclear and cytoplasmic on immunostaining with polyclonal S-100 (original magnification × 50).

Fig. 4 Macroscopic appearance of the cut surface of the resected tumor showing a firm, yellowish, 4.5-cm well-circumscribed, encapsulated solid tumor with focal areas of hemorrhage.

Bibliography
© Georg Thieme Verlag KG Stuttgart · New York ISSN 0013-726X

Corresponding author
César Vivian Lopes, PhD
Rua Prof. Cristiano Fischer 668/1001 Porto Alegre-RS 91410-000 Brazil
Fax: +55-51-33388054 drcvlopes@gmail.com