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

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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

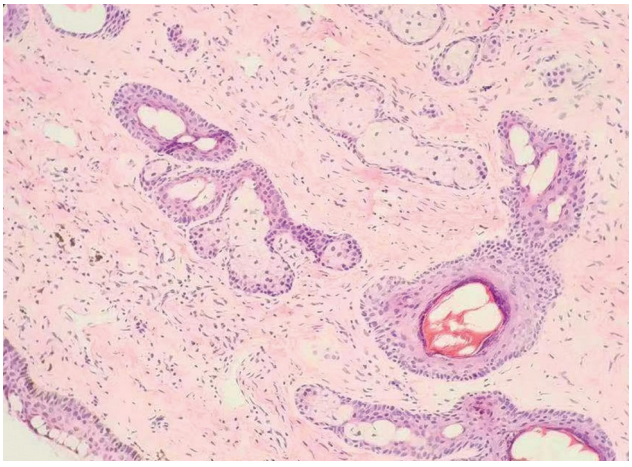

Fig. 1 Postoperative pathology of the ovary revealed primary mature cystic teratoma of ovary with goiter carcinoid.

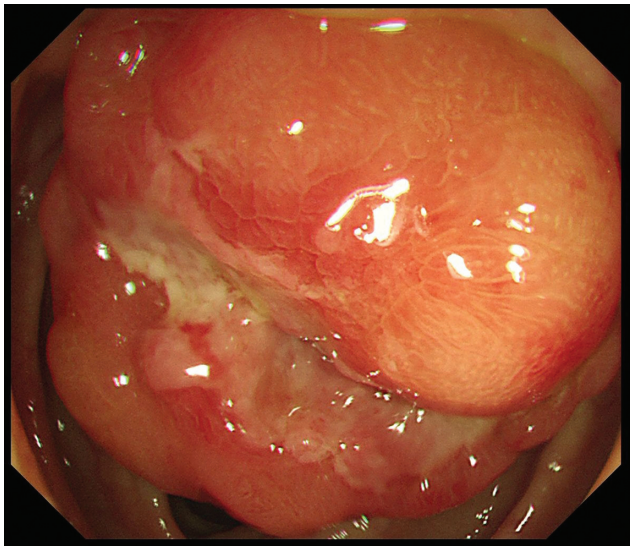

Fig. 2 Endoscopic findings of the patient with colon schwannoma.

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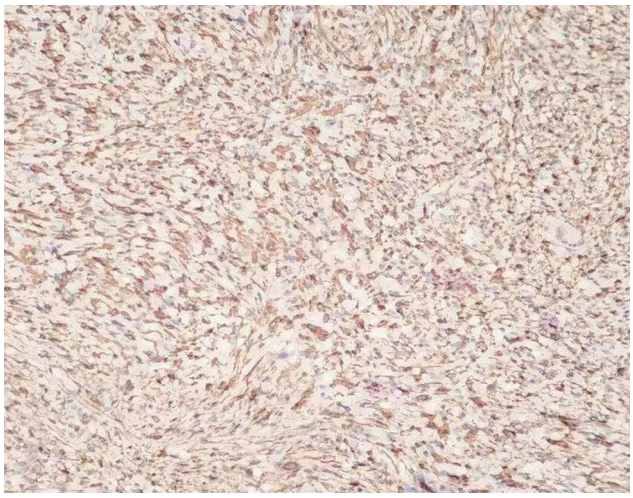

Fig. 3 Postoperative immunohistochemistry of the patient.

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.

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Conflict of Interest

None declared.

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