Ancient Schwannoma, a Slow Growing Abdominal Mass over 10 Years

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Schwannoma is a benign tumor arising from the sheath of peripheral nerves. It occurs predominantly in head and neck (45%), extremities (33%) and retroperitoneal space (0.7%). Schwannomas usually occurs in young to middle-aged adults, more prevalently in women, and is rare in old man, not to mention that arising from the mesentery. Herein, we report a case of ancient schwannoma arising from the mesentery which gradually increased over the period of 10 years in an aged male patient. A 79-year-old man with a history of common bile duct (CBD) stone was admitted for evaluation of jaundice and abdominal pain. Liver function enzyme was elevated in a cholestatic pattern and computed tomography (CT) scan showed CBD stone recurrence. Therefore, endoscopic retrograde cholangiopancreatography was performed to resolve biliary obstruction. In addition to the CBD stones, a 8.9 cm sized heterogeneously enhancing mass lesion abutting jejunal mesentery and involving jejunal branches of superior mesenteric artery was noted. On retrospective review of the CT scan taken 10 years ago at the time of CBD stone removal, a 3 cm sized mass lesion abutting jejunum was found to have been present. Percutaneous biopsy performed at that time showed proliferation of spindle cells. Although surgical resection had been recommended, the patient was lost to follow-up. Since the size of the mass has increased up to nearly 3 folds on follow-up CT scan, albeit over the period of 10 years, surgical resection was performed. The tumor was composed of oval to spindle cells and the tumor cells were positive for S-100 but negative for CD 34. Ki-67 index was less than 5 percent. Based on these histopathologic and immunohistochemical examination, the patient was diagnosed with benign mesenteric ancient schwannoma. Intraabdominal schwannoma is usually identified incidentally by imaging studies such as CT scans. And it is difficult to make a proper diagnosis due to lack of specific radiologic characteristics. Treatment of choice is complete surgical resection, because malignancy cannot be excluded. Based on the limited number of literature reporting mesenteric schwannoma, recurrence or malignant transformation after complete resection is very rare.

Mesenteric panniculitis accompanying with sweet’s syndrome: case report

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Mesenteric panniculitis is a rare disorder characterized by a chronic nonspecific inflammatory process involving the adipose tissue of the small intestine and colon. The etiology of this disease is unclear. Sweet’s syndrome is also a rare disease characterized by fever, neutrophilia, and painful erythematous plaques on the face, neck, trunk, and extremities. The etiology of Sweet’s syndrome is also unclear. Both diseases are sometimes accompanied with malignant and autoimmune diseases. They also respond to steroid. We report an extremely rare case of mesenteric panniculitis with Sweet’s syndrome. A 58 years old woman visited our emergency room with abdominal pain and fever (38.5°C) for 3 days. There was no specific past medical history except hypertension. Physical examination revealed left upper abdominal tenderness, and abnormal laboratory findings were followings; WBC 12,360/mm³ (neutrophil 78.4%), CRP 5.49 mg/dL. Abdominal computed tomography showed localized fatty infiltration in the upper small bowel mesentery and a few enlarged mesenteric lymph nodes. Mesenteric panniculitis was strongly suspected. Empirical antibiotic was used due to high fever and CRP/WBC elevation. Although abdominal pain was improved, high fever and elevated CRP/WBC were continued. She complained aggravations of newly developed multiple erythematous nodules and plaques with tenderness and heating sense on the trunk and extremities. After consultation with the dermatologist, skin biopsy was performed, and then steroid treatment was started under the suspicion of Sweet’s syndrome. The biopsy showed neutrophilic infiltration in the dermis without leukocytoclastic vasculitis, which was consistent with Sweet’s syndrome. No malignancy was shown in PET which was performed due to excluding the presence of underlying malignancy. Fever and skin lesion were dramatically improved after steroid trial and patient was discharged. This case shows that mesenteric panniculitis may accompany with Sweet’s syndrome. Despite the concomitant features such as steroid use as treatment or association with underlying malignancy and autoimmune disease, the association between two disease entities is unclear. Further study is required.