

Gastric Schwannoma as a Leading Point for Paraesophageal Hernia Obstruction

Ahmed Abdalla MSIII, Hassan Ahmed, MD MRCSEd - Department of Surgery

Texas Tech University Health Sciences Center, Amarillo

Introduction

Schwannoma is a neoplasm arising from peripheral nerve cells called Schwann cells. They are rarely observed in the gastrointestinal (GI) tract with the most common site being the stomach, with literature reports of only 2 dozens of them¹ These tumors are usually benign, slow growing and asymptomatic². Gastric schwannoma is an exceedingly rare benign tumor of the gastrointestinal tract. It accounts for 0.2% of all gastrointestinal tumors³. And to present as a leading point for paraesophageal hernia (PEH) obstruction, to our knowledge, is unheard of presentation in the literature, as obstructive symptoms of PEH are usually secondary to gastric volvulus⁴.

Objective

To describe a rare gastric schwannoma which was found on the greater curvature of the stomach as a possible leading point for paraesophageal hernia obstruction.

Methods

64 yr old male with a 20-year history of intermittent dysphagia, presented with obstructive symptoms of PEH. The PEH was seen on Computed Tomography (CT) imaging and upper GI fluoroscopy. The patient underwent Robotic assisted PEH repair. Intraoperatively, the hernia was reduced, and an indentation on the distal stomach was noted where the obstruction took place at the hiatus.

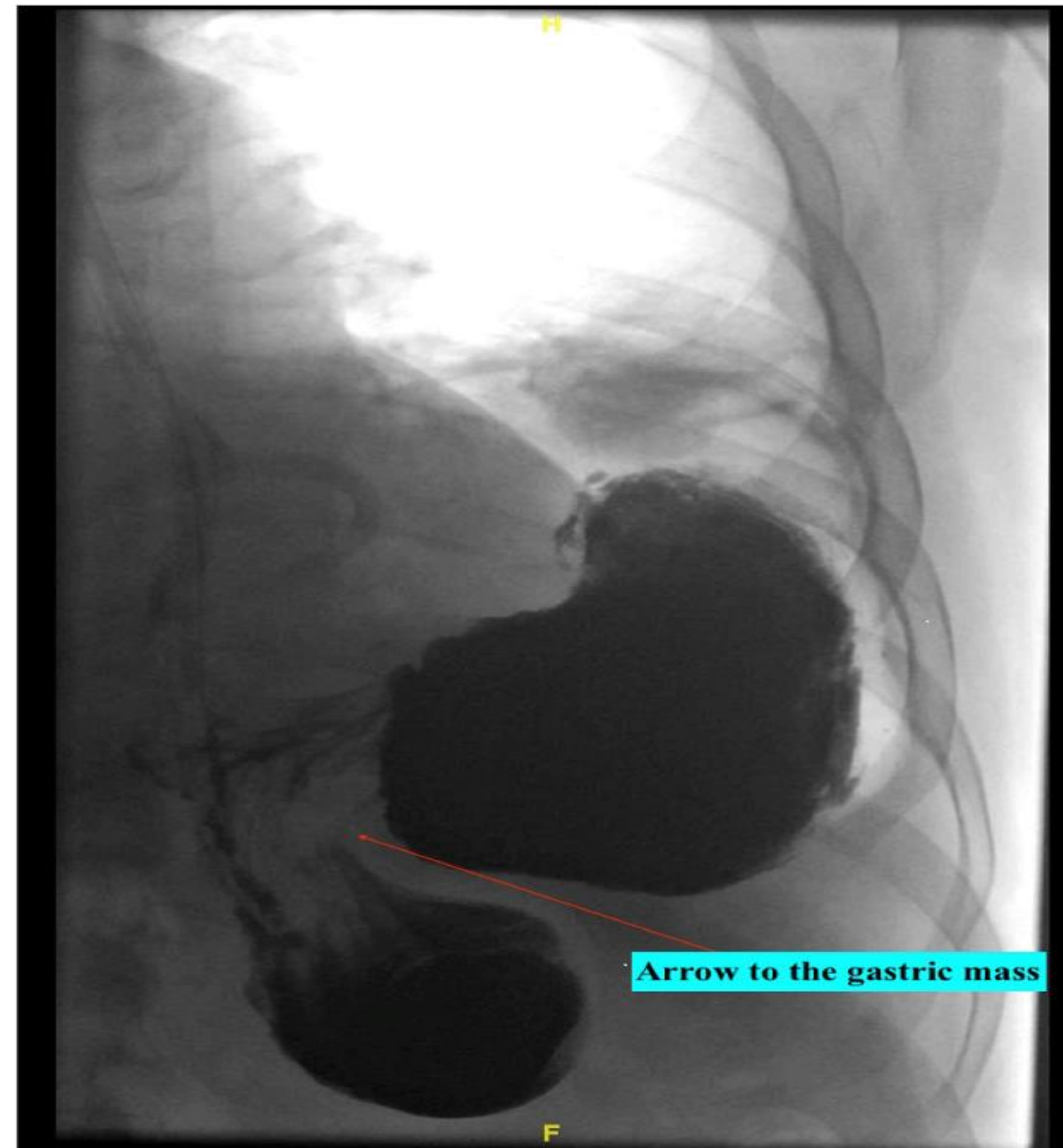


Figure 1: UGI fluoroscopy depicting location of gastric schwannoma (arrowed) and partial obstruction.

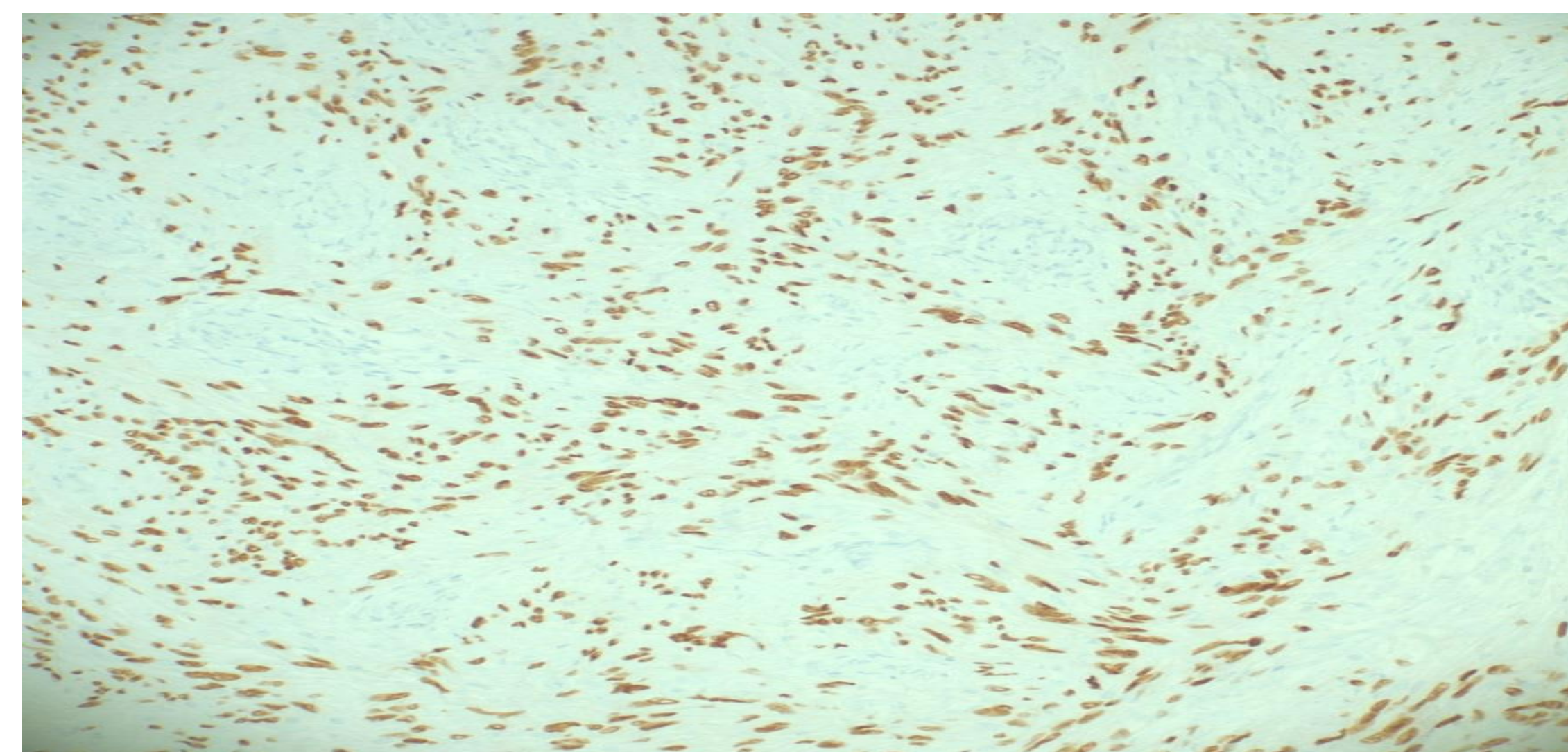


Figure 2: Tissue slide depicting cells staining positive for S100, consistent with Schwannoma.

Methods - continued

The mass was found adjacent to the indentation of the distal stomach, and believed to be the leading point for the obstruction. Partial gastrectomy was performed to excise the mass, which was sent to pathology. That revealed cells of Schwann cell origin.

Results

A 2.7 cm mass was excised from the greater curvature of the stomach, with cells that stained positively for S100, a protein found in Schwann cells. The margins were free of involvement. The patient did well and was discharged home on post-operative day two. The patient was followed up with in the clinic and was doing remarkably well.

Conclusion

We are reporting a case of gastric schwannoma found serendipitously during repair of a paraesophageal hernia, and was believed to be the leading point of the obstruction. To our knowledge, this appears to be the first case reported in the literature with such presentation.

References:

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