A case of a large rectal schwannoma undergoing laparoscopic low anterior resection with transanal approach

国家公務員共済組合連合会 斗南病院

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Case Presentation

・The patient was a 42-year-old man with no specific symptoms or comorbidities.

・Screening colonoscopy revealed submucosal tumor in the rectum 8 cm from anal verge.

・Computed tomography(CT) and Magnetic resonance imaging(MRI) showed a well-defined, irregularly shaped tumor 65 mm in size in the lower rectum.

・Endoscopic ultrasound-fine needle aspiration(EUS-FNA) resulted in a diagnosis of schwannoma.

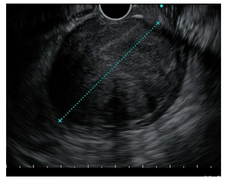
・Laparoscopic low anterior resection with taTME was performed.

・The postoperative period was uneventful. The patient was discharged after 11 days.

Images



Colonoscopy

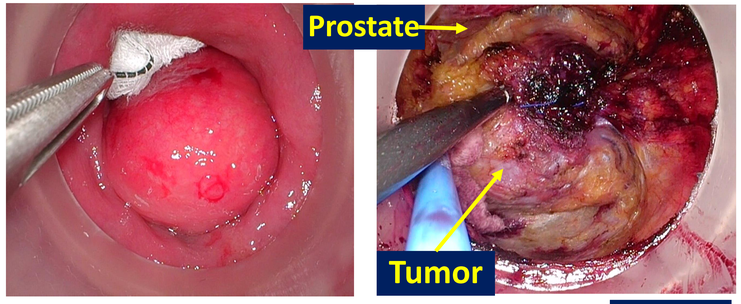


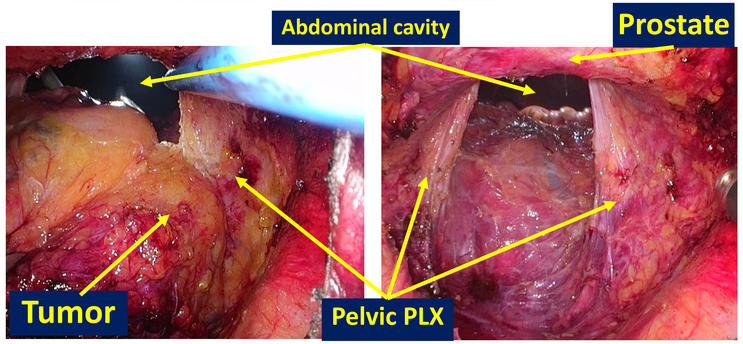
EUS



MRI (Axial T2)

Surgical procedure - Lap-LAR with taTME (Transanal view)

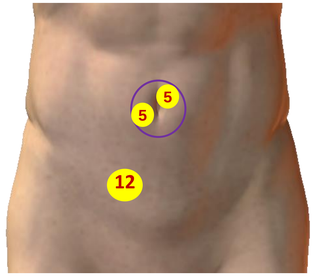




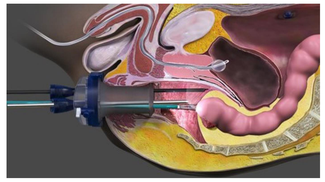
Rendezvous with abdominal team

After specimen extraction

Abdominal team: Single-incision + 1 trocar

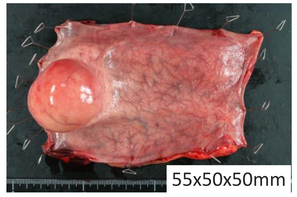


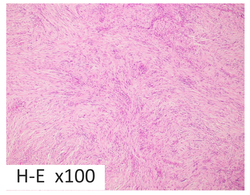
taTME

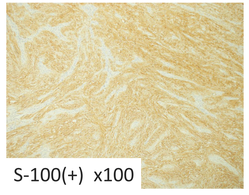


Operative time 2h 39m
Blood loss minimal

Pathological findings







CD34(-), c-kit(-), desmin(-), S100(+), MIB1<1%
Diag. schwannoma

Discussion

・Schwannoma of the gastrointestinal tract is a rare, usually benign, tumor, and colonic schwannoma is an even more rare occurrence. [1)]

・The definitive diagnosis is based on immunohistochemistry of the operative specimen. Surgery is the mainstay of treatment. [1)]

・The advantages of taTME are especially relevant in patients with distal rectal tumors, narrow pelvis, and obesity. [2)]

・We were able to achieve a short operative time and adequate resection of a large schwannoma occupying a narrow pelvic cavity with taTME.

Conclusions

・For a large rectal tumor in the pelvis, a transanal approach was useful to achieve a good surgical field for resection.

References

1) Bohlok, et al. World J Surg Oncol. 2018

2) Atallah S, et al. Tech Coloproctol. 2014.