Current Problems in Cancer 43 (2019) 511–513

Contents lists available at ScienceDirect

Current Problems in Cancer

journal homepage: www.elsevier.com/locate/cpcancer

Hepatic schwannoma: CT and histologic features

Simona Picchia[a,*], Monica Terlizzo[b], Maria Antonietta Bali[c]

[a] Department of Radiology, University "La Sapienza" I.C.O.T Hospital, Latina, Italy
[b] Department of Histopathology, The Royal Marsden Hospital, Sutton, UK
[c] Department of Radiology, The Royal Marsden Hospital, Sutton, UK

A soft tissue lesion within the hepatic hilum and extending along the portal vein and its intrahepatic branches was incidentally found in a 54-years-old man on contrast-enhanced computed tomography study. The exam was performed for chronic abdominal pain related to a pancreatic pseudocyst. There were no biochemical laboratory abnormalities including tumor markers. The lesion corresponded to a hepatic schwannoma. The typical radiological features were the periportal soft tissue extending along the nerves, with mild postcontrast enhancement and no expansive and/or infiltrative growth pattern (Fig 1).[1] Schwannoma is a slow-growth benign tumor, usually asymptomatic, originating from the Schwann cells, mostly occurring between the 3rd and 6th decades without gender predilection.[2,3] The most common sites are head, neck, and extremities. Hepatic schwannoma is extremely rare: only 14 cases have been reported.[5] Given that rarity, a US-guided biopsy was performed and the histology confirmed the diagnosis (Fig 2). The curative treatment consists of complete surgical excision.[4] Follow-up is recommended for the risk of recurrence, although it is very low.[5] Malignant degeneration is exceedingly rare.[6]

☆ Declarations of interest: None.

* Correspondence to: Simona Picchia, Department of Radiology, University "La Sapienza" I.C.O.T Hospital, Strada Statale 148 Pontina, 04100 Latina, Italy.

E-mail addresses: simona.picchia87@gmail.com (S. Picchia), monica.terlizzo@rmh.nhs.uk (M. Terlizzo), maria.bali@rmh.nhs.uk, mbali@ulb.ac.be (M.A. Bali).

https://doi.org/10.1016/j.currproblcancer.2018.10.002

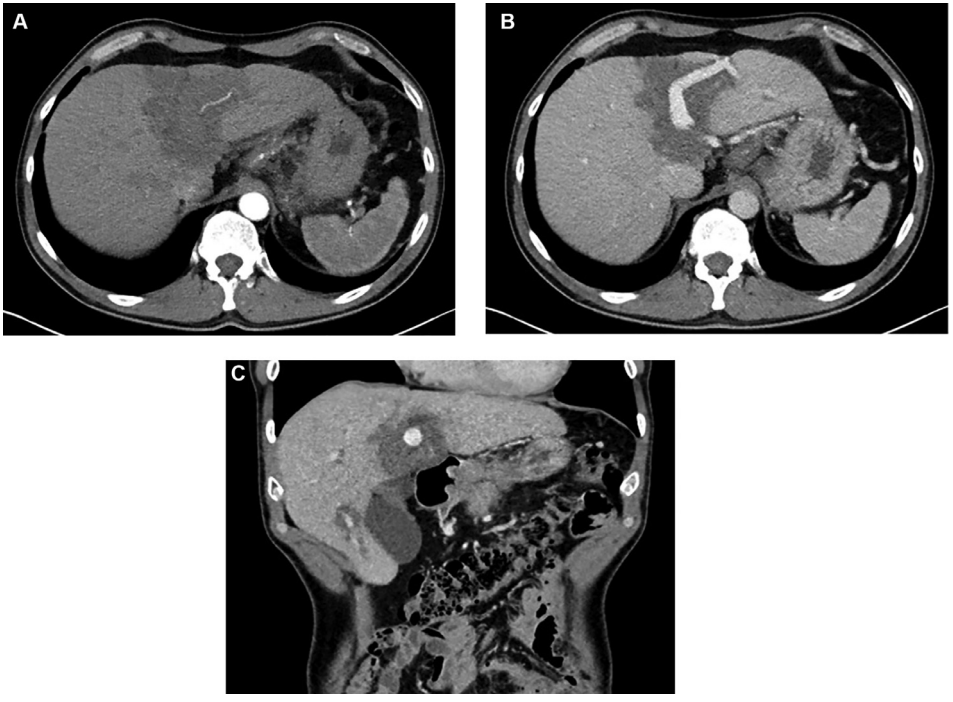

Fig. 1. Transverse CT images acquired at arterial (a) and portovenous (b) phases and coronal image reconstruction at the portovenous phase (c) showing the mild enhancement on both phases.

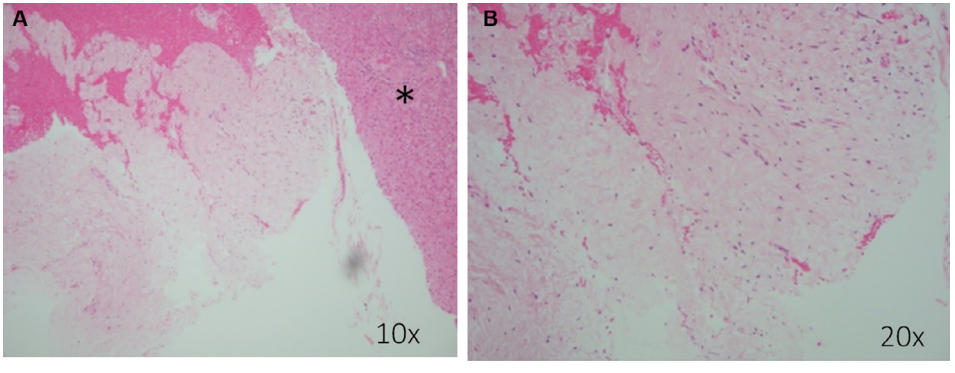

Fig. 2. H&E stain at 10x (a) and 20x (b) magnification. Positivity for CD34, S100 protein, GFAP, calretinin, SOX10 and negativity for D2-40 were found. On the image at lower magnification (a) tumoral spindle cells in loose stroma are shown. Normal liver parenchyma is also demonstrated (asterisk). At higher magnification (b) the bland nuclear features and the dot-like appearance of the nuclei are appreciated.

References

1. Ota Y, Aso K, Watanabe K, et al. Hepatic schwannoma: imaging findings on CT, MRI and contrast-enhanced ultrasonography. *World J Gastroenterol*. 2012;18:4967–4972.
2. Lee WH, Kim TH, You SS, et al. Benign schwannoma of the liver: a case report. *J Korean Med Sci*. 2008;23:727–730.
3. Shelat VG, Li K, Naik S. Abdominal schwannomas: case report with literature review. *Int Surg*. 2013;98:214–218.
4. Yin SY, Zhai ZL, Ren KW, et al. Porta hepatic schwannoma: case report and a 30-year review of the literature yielding 15 cases. *World J Surg Oncol*. 2016;14:103.

5. Senapati SB, Mishra SS, Dhir MK, et al. Recurrence of spinal schwannoma: is it preventable? *Asian J Neurosurg.* 2016;11:451.
6. Woodruff JM, Selig AM, Crowley K, et al. Schwannoma (neurilemoma) with malignant transformation. A rare, distinctive peripheral nerve tumor. *Am J Surg Pathol.* 1994;18:882–895.