INTRODUCTION

Schwannomas are encapsulated tumors arising from the neural sheath. Schwannomas arising in lymph nodes are very rare, with only less than 10 cases documented as true intranodal schwannomas (1-6). The masses are usually small in size, measuring less than 5 cm, a solid mass with a scarcity of internal necrosis or cystic component (1-6). We report a case of an approximately 10 cm ancient schwannoma arising in the retroperitoneal lymph node, which showed very similar imaging findings to a gastrointestinal stromal tumor (GIST).

CASE REPORT

A 66-year-old woman presented with abdominal pain with nausea and vomiting. A large firm mass was palpated in the left upper quadrant on physical examination. The woman had been in good health, and a routine hematological examination and biochemical tests were within normal limits. For tumor markers, carbohydrate antigen 19-9 (CA 19-9), carcinoembryonic antigen, and alpha fetoprotein were all negative. Contrast-enhanced CT demonstrated a well-encapsulated large mass (about 10 cm maximum diameter) abutting the greater curvature of the gastric body and slightly indented the proximal small bowel loops on a small bowel series. The observations suggested a gastrointestinal stromal tumor. The mass was surgically proven to be a retroperitoneal tumor and histopathologically intranodal ancient schwannoma.
Intranodal Schwannoma Mimicking a Gastrointestinal Stromal Tumor of the Stomach

(Fig. 1D). Histopathologically a malignancy was suggested. At surgery, a large retroperitoneal tumor with a lobulated surface was palpated, and tumor extirpation with splenectomy was performed. The gross specimen of the tumor was 10 × 8 cm in size, and its surface was encapsulated. The cut surface of the mass showed a yellowish white mucoid solid pattern with cystic changes. Microscopically, the subcapsular area of the mass showed a very narrow rim of lymphoid tissue, suggesting the residual lymph node tissue (Fig. 1E). Most of the mass consisted of spindle cell proliferation with a whorl-like pattern. In addition, multifocal cystic degeneration, foamy macrophages, scattered lymphoid cell infiltration, and atypical nuclei were present. With these findings, metastatic spindle-cell tumors such as spindle-cell carcinoma, melanoma, Kaposi’s sarcoma, spindle-cell follicular dendritic cell sarcoma, interdigitating dendritic cell sarcoma, and schwannomas, might be considered. Immunohistochemical staining showed positive reactivity for vimentin and S-100 (Fig. 1F). Finally, ancient and giant schwannomas arising in a lymph node were confirmed.

**DISCUSSION**

Schwannomas commonly arise along the peripheral nerves as well as in the cranial nerve and dorsal spinal nerve roots. Abdominal schwannomas usually have a maximum diame-
The mass was found to be a retroperitoneal tumor at surgery, and the final histopathological diagnosis was an ancient intranodal schwannoma with immunohistochemical staining and positive reactivity for S-100.

A retrospective review of the CT images of our case indicated that the findings of a well-defined large mass with internal cystic or necrotic change and wall calcifications are comparable to the imaging findings of a rare giant ancient schwannoma in the retroperitoneum (7).

Intranodal schwannomas are clinically nonspecific, and incidentally identified as small tumors on CT scan, and are curable by the simple extirpation of the tumor with no eventful clinical outcome.

In conclusion, we report a case of a large retroperitoneal intranodal schwannoma mimicking a GIST with illustration of the imaging findings.

REFERENCES

5. Black JO, Zhai QJ, Varona OB, Ordonez NG, Luna MA. Primary schwannoma in a cervical lymph node. Head Neck 2010;32:964-969
위의 위장관 기질성 종양과 비슷한 소견의 임파절내 신경초종:
증례 보고

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66세 여자 환자에서 발생한 후복막강 임파절내 신경초종의 증례를 보고하고자 한다. 초음파와 CT에서는 위와 비장 사이에 위치하고 피막에 싸여있으며 내부에 낭종 혹은 괴사 소견을 동반한 경계가 좋은 커다란 연부조직 종괴로 보였다. 소장조영술에서는 종괴에 의해 위체부의 대만곡이 밀리고 위점막 주름이 일부 펴져 있었으며 공장의 근위부를 약간 밀고 있는 소견을 보여 영상학적으로 위체부에서 발생한 위장관 기질성 종양으로 진단하였다. 개복을 통해 후복막강 종괴로 확인되었고 조직학적으로 임파절내 신경초종으로 확진되었다.

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