Vaginal schwannoma: a case report

Enas M Yaseen*,
Ehsan Al Mola**,
Ali Al Zabeedy***

*Dept. of Obstetrics and Gynecology, College of Medicine- Tikrit University
**Dept. of Pathology, College of Medicine- Tikrit University
*** Dept. of Surgery, College of Medicine- Tikrit University

Abstract

Vaginal schwannoma is a rare benign gynecological tumor and the diagnosis of it may resemble many other more common lesions. The case: A 28 years old pregnant women at 28 weeks gestation admitted to labor ward complaining of huge abdominal distention, symptoms and signs of preterm labor with watery vaginal discharge. An emergency laparotomy was done to her and a huge abdominal & pelvic mass (size 40 x 45 cm and weight 6,600 gm) was excised from the vagina. At the same time hysterotomy was done to her and delivered a dead female whom gestational age was 28 weeks. The patient had an eventful postoperative period. The aim of this report is to present the pathology, presentation, diagnoses, management and follow up of gynecological schwannoma.

Key words: vagina, schwannoma.

Introduction

Schwannoma (neurilemoma) is one of the few truly encapsulated benign neoplasms of human beings (1). This tumor is derived from schwann's cell that produces collagen and myelin of the nerves. The tumor is almost always solitary and the most common locations are the flexor surfaces of the extremities, neck, mediastinum, retroperitoneum, posterior spinal roots and the cerebellopontine angle (2). It can be arise along the course of any myelinated nerve in the mentioned common sites, and the nerve of origin can be demonstrated in the periphery of the capsule. Any site in the body can be affected by schwannoma as seen rarely in the vagina (3).

Case Presentation

A 28 years old pregnant women admitted to labor ward with sever abdominal pain and huge abdominal distention with watery vaginal discharge. Obstetrical history revealed that she was G3 P2 delivered previously by cesarean section. Her gestational age was 28 weeks and she had bad antenatal care. On examination: the patient was conscious, pale and complaining of lower abdominal pain. Her vital signs were normal. Obstetrical examination showed: the abdomen was hugely distended and tense.

The fetal heart couldn’t be detected. Vaginal examination revealed 2-3 cm dilation, 50% effacement, no presenting part can be detected with leaking liquor which confirmed by speculum examination. An emergency laparotomy done to her by longitudinal incision.

During operation a huge hard mass was found, adherent to the anterior abdominal wall. Blunt dissection was done to the mass to release it from anterior abdominal wall. The mass was delivered out side the abdominal cavity, and still it was originating from the pelvis. Then the uterus was explored, hysterotomy was done and a preterm dead female was delivered. The uterus was sutured in two layers. After careful separation of the bladder downward (about upper 2/3 of the vagina), it was found that the mass was connected to the upper vaginal wall by a stalk which it is width about 4cm.

The mass was dissected completely from the vagina and the site was closed in two layers. The mass size was 40×45cm and the weight of it was 6,630gm. Anterior abdominal wall was closed in layers. The drain put in site. Post operation period was an eventful and follow up the patient till three years, she had no complain. The mass sent to the laboratory and gross examination revealed big solid mass with some loose areas, encapsulated, with a
stalk, sampled and sections from the mass revealed presence of spindle cell benign tumor arranged in palisaded fashion organoids called as verocay bodies as seen in fig (1-2). Other loose spindle cell areas also noted, and the diagnosis of schwannoma was noted.

**Discussion**

Schwannoma arise form the small to medium size nerves. The tumor is almost always solitary, circumscribed, encapsulated and eccentrically located. It is disease of adult hood and occurs in (20–60) years old \(^{(4)}\). The tumor does not destroy or affect the nerve because of its periphery of its location. It is a slow growing tumor and its early detection is difficult \(^{(5)}\). The symptoms will occur later when the tumor becomes large and depend on its location. \(^{(1,5)}\) Retroperitoneal schwannoma is common site and it arises in the cervix, vagina, vulva and ureter as reported in few case reports \(^{(5,6,7,8,9)}\). The symptoms of it may be pain especially if it is large as in this case, bleeding from vagina, mass, urine retention and constipation \(^{(1,5,6,7,8,9)}\). Some times it is asymptomatic and discovered on routine examination \(^{(10)}\). Only ultrasound, CT scan & MRI are useful in the diagnosis \(^{(11)}\). Surgery by laparotomy or laparoscopy is the treatment of choice \(^{(5,12)}\). But incomplete excision may lead to recurrences which occurred 10% of reported cases. Long term follow up is necessary \(^{(13)}\). As in this case whom shows no recurrence till 3 years.

**References**

2. Vogel Fs and Bouldin TW. The nervous system\(^{(2)}\). In: Rubin E and Farber JL. Pathology. 1\(^{st}\) ed Lippincott William and Wilkins:USA;1988,1474.
Vaginal schwannoma: a case report

**Fig (1):** Show a gross appearance of solid mass of tumor.

**Fig (2):** Show presence of spindle cell (verocay bodies ) benign tumor.