

# Annals of Medical & Surgical Case Reports

## Image Article

Zeng MY, et al. Ann Med & Surg Case Rep: AMSCR-100085

### A Patient with Gastric Schwannoma Mimicking Gastrointestinal Stromal Tumor

Meng-You Zeng<sup>1,2</sup>, Lu-Gao Tian<sup>1,2</sup>, Bo-Juan Lang<sup>3,4</sup>, Yuan Yuan<sup>3,4</sup>, Wei Liu<sup>\*1,2</sup>

<sup>1</sup>Institute of Digestive Disease, China Three Gorges University, Yichang, China

<sup>2</sup>Department of Gastroenterology, Yichang Central People's Hospital, Yichang, China

<sup>3</sup>Institute of Pathology, China Three Gorges University, Yichang, China

<sup>4</sup>Department of Pathology, Yichang Central People's Hospital, Yichang, China

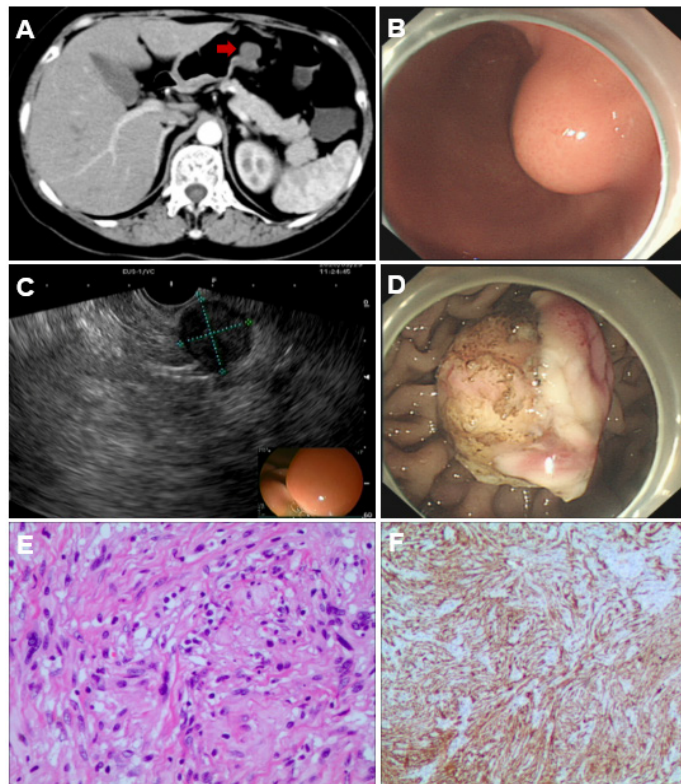
\*Corresponding Author: Wei Liu, Institute of Digestive Disease, China Three Gorges University, 8 Daxue Road, Yichang 443000, China, E-mail: liuweiliu@ctgu.edu.cn

**Citation:** Zeng MY, Tian LG, Lang BJ, Yuan Y, Liu W (2020) A Patient with Gastric Schwannoma Mimicking Gastrointestinal Stromal Tumor. Ann Med & Surg Case Rep: AMSCR-100085

**Received date:** 12 December 2020; **Accepted date:** 23 December 2020; **Published date:** 29 December 2020

A 48-year-old woman underwent computed tomography (CT) due to epigastric pain. The CT scan revealed a 21 × 17 mm gastric wall mass protruding into the stomach cavity (Figure A, arrow). Gastroscopy confirmed a 2-cm submucosal mass in the greater curvature (Figure B), and mucosal biopsy was unremarkable. Endoscopic ultrasound found an endophytic-exophytic hypoechoic mass with heterogeneous texture arising from the muscularis propria (Figure C). The nodule was removed using a snare after endoscopic submucosal dissection (Figure D). The histology confirmed moderately cellular spindle-cell tumor (Figure E) and immunostaining of the tumor cells was positive for S100 (Figure F) and negative for DOG1, CKIT, SMA, and desmin, all consistent with a schwannoma arising from the muscularis mucosa instead of gastrointestinal stromal tumor. As very rare neoplasms of the stomach, schwannomas are mostly asymptomatic and discovered incidentally with exceedingly rare malignant transformation [1, 2]. The overall prognosis of these lesions is unknown. The treatment usually includes endoscopic or surgical resection with the diagnosis mostly made postoperatively by immunohistochemistry [1]. Therefore, we need to consider schwannomas in the differential diagnosis of submucosal gastric tumors of the muscularis propria layer. Surgical excision with negative margins is the recommended treatment of choice because incomplete excision may be relevant with local recurrence or distant metastasis. Endoscopic mucosal resection with intermittent endoscopic surveillance and long-term clinical follow-up evaluation is suggested for small gastric schwannomas because of

the rare risk of malignant transformation. We are planning to repeat endoscopic surveillance in 1 year for our patient.



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## Acknowledgements

**Funding:** This work was supported by National Natural Science Foundation of China (31600134).

**Conflicts of Interest:** The authors have no conflicts of interest to declare.

**Ethical Statement:** The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and

resolved. Written informed consent was obtained from the patient for publication of this “Images in Clinical Medicine”.

## Reference

1. Namikawa T, Kobayashi M, Hanazaki K (2017) Gastric Schwannoma With Regional Lymphadenopathy. Clin Gastroenterol Hepatol 15: e145-e146.
2. Albshesh A, Kaufmann MI, Levy I (2020) Gastric Schwannoma. Clin Gastroenterol Hepatol 18: e142-e143.