CASE SNIPPETS

Gastric schwannoma presenting as gastric polyp with gastrointestinal bleeding

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Benign neurogenic tumors of stomach are the commonest of all nonepithelial tumors of the stomach, but solitary gastric schwannomas are rare. We report a 58-year-old man with gastric schwannoma presenting as fundal polyp and upper gastrointestinal bleeding. Endoscopic polypectomy was done. [Indian J Gastroenterol 2002;21:31]

Key words: Gastric neurogenic tumor, neurinoma

Neurinomas or schwannomas comprise 10% to 15% of all benign nonepithelial tumors of the stomach.1 These tumors arise from the myenteric plexus of the gut wall and are often asymptomatic. Common clinical presentations are perforation, gastric hemorrhage, compression on adjacent organs due to size, and rarely gastric volvulus. Schwannoma as a cause of gastric hemorrhage has been rarely reported in literature,2 with no report from our country.

A 58-year-old man presented with two episodes of hematemesis (approximately 200 mL each) and one episode of melena, followed by generalized weakness and spells of unconsciousness. There was no history of abdominal pain, non steroid inflammatory drug intake, jaundice in past, or loss of appetite and weight. The patient was a smoker and consumed alcohol (20 to 40 g per day for 3 years). On examination he was fully conscious, with marked pallor, no icterus and no lymphadenopathy. On abdominal examination there was no organomegaly or free fluid. The other systems were normal.

Investigations: Hemoglobin 8.0 g/dL, leucocyte count 11,400/ cmm (88% polymorph, 18% lymphocytes), prothrombin time 14 s (control 14), and normal renal and liver profile. On gastroenteroscopy, there was a large fundal polyp with a broad stalk and a small superficial ulcer over it; the rest of the stomach, esophagus and duodenum were normal. Endoscopic polypectomy was done without any complications.

On gross examination the polyp was 5.0 cm in size and showed evidence of necrosis in the center. Microscopic examination showed tumor mass involving the submucosa and covered on one side by mucosa. The tumor was composed of atypically proliferated plump or elongated, spindle-shaped cells, disposed in short fascicles, and palisading of nuclei with uniform morphology. There was no evidence of malignant change either in the polyp or in the stalk. Immunohistochemical staining showed positivity for S-100 protein (Fig). The histological picture was diagnostic of schwannoma. The patient was followed up for the next 2 years with endoscopy and ultrasonography repeated at 6-monthly intervals without evidence of recurrence or spread.

Schwannomas represent 24% of all gastrointestinal stromal tumors (GIST) and 4% of all primary retroperitoneal tumors.

Fig: Diffuse immunostaining for S-100 protein in spindle shaped cells of tumor

References


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