END-05

SCHWANNOMAS OF ADRENAL GLAND AND POSTERIOR MEDIASTINUM: REPORT OF ONE CASE

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BACKGROUND/AIMS: Most schwannomas occur in the head, neck, or limbs. Primary schwannomas of the adrenal gland and posterior mediastinum are extremely uncommon. We report the clinical and pathologic features of one case.

METHODS/ RESULTS: A 30-year-old Taiwanese woman presented with left anterior chest discomfort and left flank pain of 1 week duration. Laboratory data (including hematology and biochemistry) were all within normal limits. Endocrinological studies (including serum calcitonin, cortisol, ACTH, aldosterone, renin; 24-hour urine free cortisol, VMA, 17-KS, 17-OHCS, adrenaline, noradrenaline, dopamine) were also within normal limits. Chest X-ray showed left paraspinal lobulated soft tissue tumor. Chest computed tomography (CT) revealed several well-marginated heterogeneously enhancing masses with central low density along the left paraspinal region and a heterogenous enhancing mass over the left adrenal region. Magnetic resonance imaging (MRI) of adrenal gland revealed a 6.3-cm left adrenal tumor, retrocrural and thoracic paraspinal tumors. The patient underwent tumor removal from the posterior mediastinum and left laparoscopic adrenalectomy. Pathological examination revealed ovoid to spindle-shaped Schwann cells arranged in fascicles with stromal myxoid changes. Immunohistochemical examination revealed tumor cells positive for S-100 protein but not CD34, diagnostic for schwannoma. The postoperative course was smooth. After 1 month of hospitalization, the patient was discharged in good condition.

DISCUSSION/CONCLUSIONS: Schwannomas of both the adrenal gland and posterior mediastinum are extremely rare. Although pathological findings revealed benign nature, long-term follow-up is mandatory.

Key words: Schwannoma, adrenal gland, posterior mediastinum