

Schwannoma: un caso atípico de dolor pleurítico

Schwannoma: a rare cause of pleuritic pain

ABSTRACT

Spinal schwannomas account for 30% of primitive spinal tumors. Symptoms are related to tumor location and its proximity to spinal cord and nerve roots. Radiographic and histopathologic examinations are vital diagnostic tools. Complete surgical resection is the mainstay of treatment and offers an excellent prognosis.

Palabras clave: schwannoma intramedular, dolor pleurítico, masa mediastínica

Keywords: intra-medullary schwannoma, pleuritic pain, mediastinal mass

CASE REPORT

A 59-year-old female, presented in the emergency department with a 6-month history of progressively worsening pain over the right shoulder and chest wall with pleuritic characteristics, associated with progressive paraparesis with 2 months of evolution. Physical examination showed decreased strength on lower limbs graded 4 on a scale of 5, with associated paresthesia. She had no genital or sphincter dysfunction. A chest X-ray showed a right para-hilar rounded lesion, with a solid appearance. A thoracic CT scan was requested and showed a mass in the right lower lobe with medullar compression of D8 and osteolytic lesions (figures 1, 2). The patient was transferred to Neurosurgery department and underwent surgery for total resection of the lesion. Histopathologic findings reported schwannoma. Muscular strength improved and the patient was able to walk without assistance. Spinal schwannomas account for 30% of primitive spinal tumors. They typically arise from schwann cells of a sensory nerve root and are usually intradural (70%) and less frequently extradural¹. Males and females are equally affected, and the age of onset is usually between 25 and 50 years². Most spinal schwannomas are solitary and sporadic (95%)³. Symptoms are related to tumor location and its proximity to spinal cord and nerve roots. Many authors report pain as the onset symptom as motor deficits and sphincter impairment are uncommon onset symptoms. Without the essential aid of neuroimaging, diagnosis can only be presumed²⁻³. Gold standard treatment for symptomatic spinal schwannomas is complete surgical resection, which stops symptoms progression, helps recovery in most patients, and decreases the rate of recurrence⁴. Radiotherapy can be considered as second-choice treatment in patients who are not good candidates for surgery, or for recurrent tumors⁵. In patients presenting with thoracic pain and concomitant neurological deficits with such an atypical radiographic sign, thoracic Schwannoma should be considered for early diagnosis and treatment which may lead to an improved clinical outcome.

Figure 1. Coronal view of chest CT showing huge mass in the right hemithorax. (digitized image).

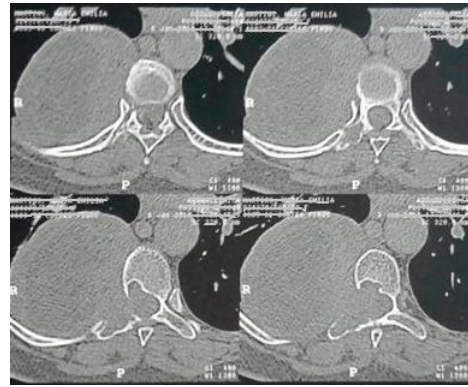


Figure 2. Axial view of chest CT showing well defined mass located in the posterior aspect of the right hemithorax with medullar compression and osteolytic lesions. (digitized image).



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