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Letter to Editor

Addendum to Spinal Schwannomatosis: Case Report of a Rare Condition

Tayfun HAKAN[1,2], Erhan CELIKOGLU[3], Fugen AKER[4], Nagehan BARISIK[5]

[1]Kurtköy Ersoy Hospital, Neurosurgery Clinic, Istanbul, Turkey
[2]Okan University, Vocational School of Health Services, Istanbul, Turkey
[3]Fatih Sultan Mehmet Teaching and Research Hospital, Neurosurgery Clinic, Istanbul, Turkey
[4]Haydarpaşa Numune Teaching and Research Hospital, Pathology Laboratory, Istanbul, Turkey
[5]Dr. Lütfi Kırdar Teaching and Research Hospital, Pathology Laboratory, Istanbul, Turkey

To the Editor:

The presented case was previously treated surgically for his tumors located at C4-7 and L4-5 levels in a two-year period (2). The pathological diagnoses of the tumors were schwannoma. After a symptom-free period for 4 years, the patient underwent three more surgeries for his intradural extramedullary tumors that were reported as schwannoma in a 5-year period. The newly emerged tumors were located in the cervical (Figure 1A-D), thoracic and lumbar areas (Figure 2A, B). He was admitted with complaints of tetraparesis, paraparesis and low back and leg pains due to his cervical, thoracic and lumbar tumors respectively. The pathological diagnoses of the tumors were schwannoma (Figure 3). The patient showed improvement after operations and was nearly intact on neurological examinations following rehabilitation.

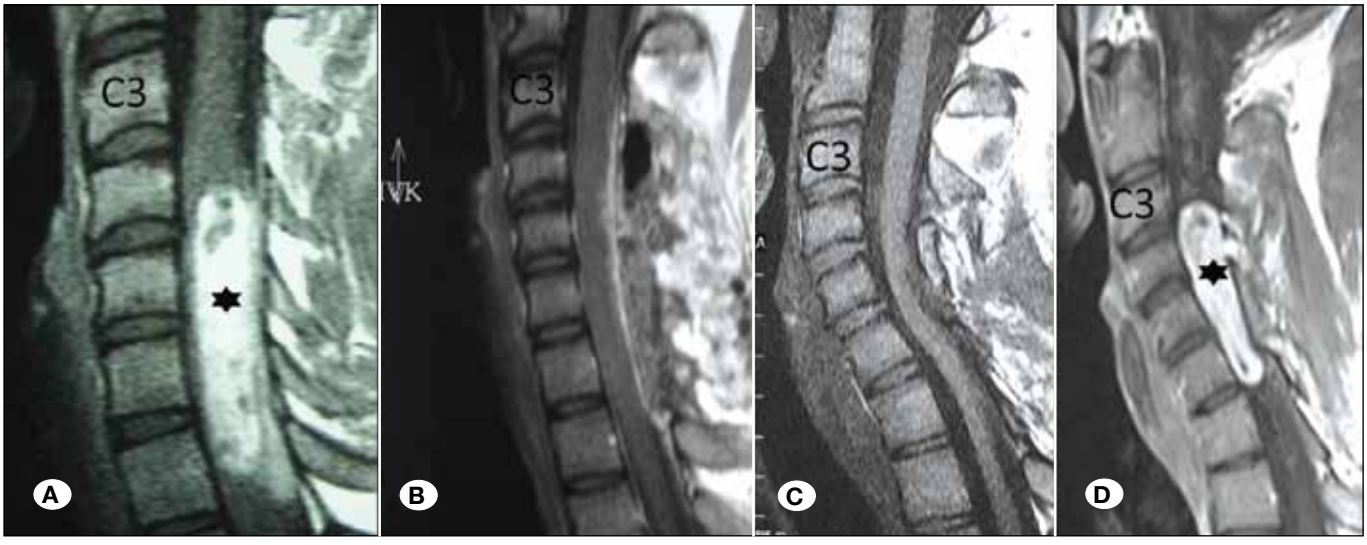

Figure 1: A) A well-circumscribed, oval-shaped large mass (asterisk) with contrast enhancement at C4-7 levels on sagittal T1-weighted MRI scans**, B)** Postoperative early follow-up MRI confirming total removal of the tumor on sagittal T1-weighted MRI with gadolinium, **C)** Follow-up MRI 2 years after the tumor excision with no tumor residue and no newly raised tumor, **D)** a new, well-circumscribed, oval-shaped large mass (asterisk) with contrast enhancement at C3-6 levels on sagittal T1-weighted MRI scans, 6 years after the previous tumor excision.

Corresponding author: Tayfun HAKAN
E-mail: tayfunhakan@yahoo.com

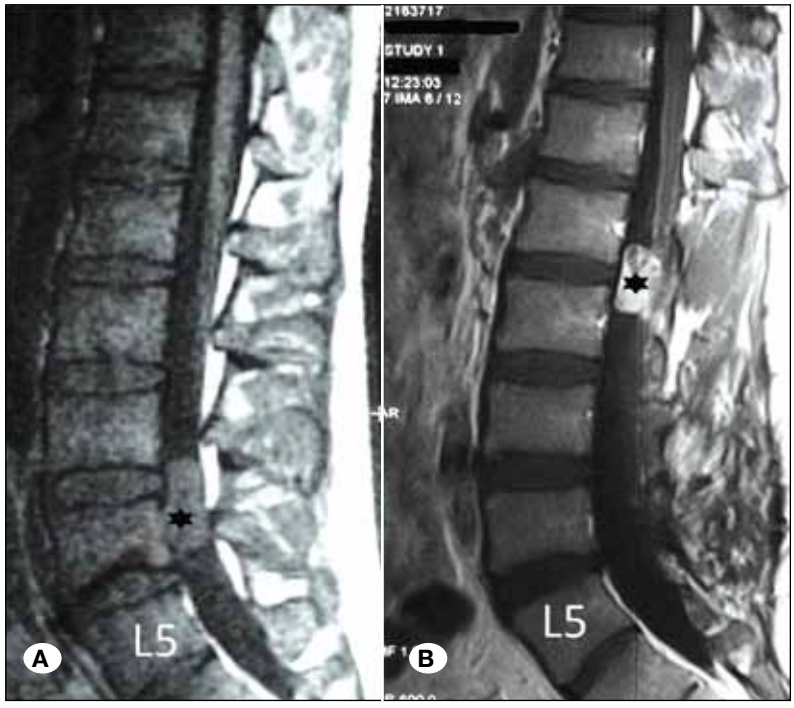

Figure 2: A) A small, well-circumscribed, heterogeneous hypo-intense mass (asterisk) at L3-4 levels on sagittal T1-weighted MRI scans, **B)** A newly raised, small, well-circumscribed, heterogeneous hypo-intense mass (asterisk) at L1-2 levels on sagittal T1-weighted MRI 8 years after the previous tumor excision.

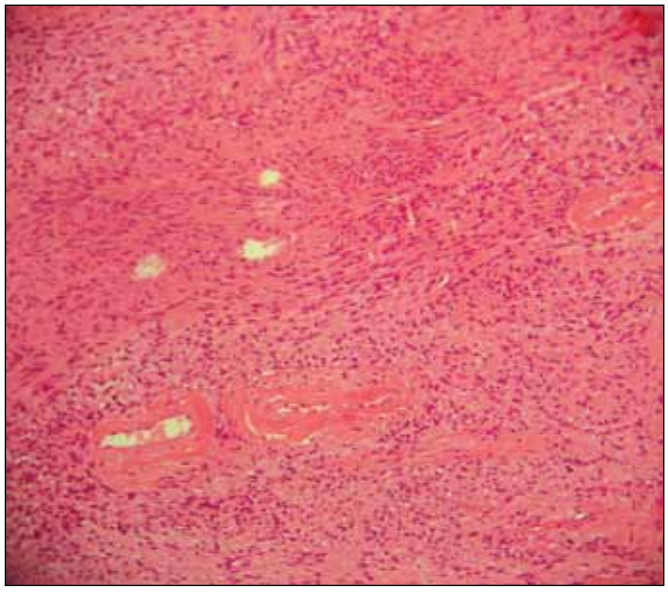

Figure 3: Compact fascicles of elongated tumor cells with palisading and hyalinized vessels indicating schwannoma (Hx100).

Schwannomatosis is recognized as a form of neurofibromatosis and characterized by a predisposition to develop multiple schwannomas (3). It is well known that schwannomas can enlarge and grow in previously healthy nerves. Regardless of the location of the symptomatic tumor, routine whole-spine magnetic resonance imaging (MRI) is recommended in patients with schwannomatosis (1). Unfortunately, for some individual problems, follow-up MRI examinations were done only two times in the presented case and the tumors were detected when the patient presented with signs and symptoms.

The onset of the schwannomatosis mostly seen in young patients (1); similarly, this case underwent schwannoma excision 5 times between 22 and 32 years of age. Li et al. (3) reported that spinal schwannomas were mostly seen in the lumbar area in their recent series. The tumors were seen throughout the spine with 2 in the cervical, 1 in the thoracic and 2 in the lumbar areas in this case.

According to the large series, pain was the most common sign in these patients (1,3,4) and Merker et al. (4) suggested that patients with schwannomatosis suffer impaired quality of life and higher rates of depression due to chronic pain. We also observed depression and anxiety in the patient, not because of pain but because of the neurological deficits associated with spinal cord compression and undergoing multiple spinal operations.

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