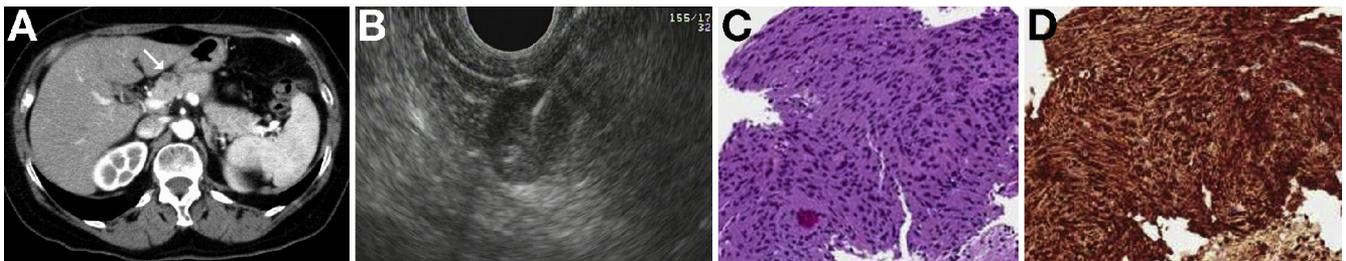


Endoscopic Ultrasound-Guided Fine-Needle Aspiration of an Unusual Pancreatic Mass



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An asymptomatic 55-year-old woman with no significant past medical history was referred for an incidental detection of a pancreatic mass. Abdominal computerized tomography showed a small hypovascular lesion in the pancreatic neck (Figure A). Laboratory blood test results were unremarkable, including normal carbohydrate antigen 19-9, carcinoembryonic antigen, and chromogranin levels. The patient underwent endoscopic ultrasound (EUS), which confirmed a 10-mm, well-circumscribed, hypoechoic, homogenous mass, without vascular invasion.

EUS-guided fine-needle aspiration of the pancreatic lesion with a 25-gauge ProCore needle (Cook Endoscopy, Winston Salem, NC) was performed to obtain a tissue diagnosis (Figure B). Histology of the EUS-guided fine-needle aspiration specimen showed a spindle-cell lesion. The neoplastic cells were arranged in a fascicular pattern, did not show nuclear atypia, and were mitotically inactive (Figure C). The spindle cells were strongly positive for S-100 (Figure D) and negative for CD34, CD117, and chromogranin. The microscopic appearance and immunostaining were consistent with a pancreatic schwannoma.

After exhaustive explanation of the condition, the patient refused surgical treatment and currently is asymptomatic, with no change in size of the lesion over the past 3 months.

Schwannomas are quite common spindle-cell mesenchymal tumors, which originate from specialized

myelin-producing cells located on the sheath of peripheral nerves. Common sites of origin include the head and neck region, the extremities, and the trunk. Pancreatic location is extremely rare. Approximately two thirds of pancreatic schwannomas are cystic, with a mean tumor size of approximately 6 cm.¹⁻³

The treatment of choice for pancreatic schwannoma is complete resection of the tumor. The surgical approach includes many types of procedures depending on the tumor size, location, and, eventually, on histologic features. Because the vast majority of these neoplasms are benign, simple enucleation is recommended.^{1,2}

References

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Conflicts of interest

The authors disclose no conflicts.

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