Neurocirugia. 2021;32(Espec Congr):258

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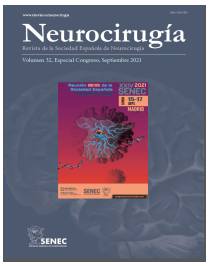

C-0276 - MANAGEMENT OF PRESACRAL SCHWANNOMA

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Resumen

Objectives: Present a case of presacral schwannoma with complete resection using an anterior approach. Expose the approaches depending on the extent of the tumor lesion.

Methods: This case report documents the management of a 70-year-old man with lower abdominal discomfort in whom it is evident in lumbosacral MRI a 5 × 4 × 4 cm presacral tumor adjoining the right common iliac vein without invading it. There were no other abdominal abnormalities. We performed an anterior approach under neurophysiological monitoring with total tumour resection without signs of bleeding or remaning lesions.

Results: The postoperative course was unremarkable, and the patient experienced improvement in his sensory disturbance. Postoperative magnetic resonance imaging and computed tomography scan showed the complete excision of the lesion. The histologic examination confirmed a schwannoma (World Health Organization grade I). After one year of follow-up, the patient improved his preoperative conditions and had no medical complications.

Conclusions: Schwannomas are mostly benign tumors derived from Schwann cells in the peripheral and cranial nerves. Retroperitoneal schwannomas are rare, accounting for 0.5 to 3% of all schwannomas, and 1% of all retroperitoneal neoplasias. Such tumors are generally located adjacent to the peripheral nerve of origin, and are enclosed by an epithelial capsule, with non-specific symptomology dependent on the location and size of the lesion. Total surgical removal has been considered the best treatment option. However, surgical management may be challenging, not only technically but in determining the most appropriate approach: anterior, posterior or combined. The intraoperative neurophysiologic monitoring is an essential tool for the preservation of the lumbosacral nerve roots.