MANAGEMENT OF A RARE GIANT ABDOMINAL SCHWANNOMA THAT RESEMBLES A GASTROINTESTINAL STROMAL TUMOR

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Relevance. Intra-abdominal schwannomas are rare benign neurogenic tumors, representing less than 3% of all schwannomas [1]. Their nonspecific clinical presentation and overlapping radiological features with more common tumors, particularly gastrointestinal stromal tumors (GISTs), create significant diagnostic challenges [2]. Large lesions are especially difficult to characterize preoperatively [3]. Reporting such cases contributes to improved diagnostic awareness and surgical management of rare abdominal tumors.

Target. To present a rare case of a giant intra-abdominal schwannoma mimicking GIST and to highlight the diagnostic difficulties, surgical strategy, and importance of histopathological confirmation.

Research methods. A 70-year-old woman with a two-year history of progressive abdominal discomfort, intermittent vomiting, and palpable abdominal mass underwent clinical evaluation. Physical examination revealed a firm, non-tender mass (20 × 18 cm) in the upper abdomen. Contrast-enhanced CT and MRI demonstrated a well-demarcated heterogeneous cystic solid mass (144 × 200 × 189 mm) arising from the lesser omentum and closely adherent to the stomach and duodenum, displacing adjacent organs. Based on imaging, GIST was suspected. Following multidisciplinary assessment, exploratory laparotomy was performed. Complete surgical excision with partial gastric wall resection was carried out. Histopathological and immunohistochemical analyses were conducted.

Results and their discussion. A well-encapsulated cystic-solid mass that was firmly attached to the stomach wall and evolved from the smaller omentum was discovered during surgery. Partial gastric resection and multilayer repair were used to accomplish complete excision. A spindle cell tumor with nuclear palisading, Verocay bodies, and Antoni A and B regions was discovered by histology. There was no discernible mitotic activity or atypia. Benign schwannoma was confirmed by immunohistochemistry, which revealed significant S-100 positivity and negative staining for CD117, DOG1, and SMA.The six-month follow-up revealed no recurrence, and the postoperative course was unremarkable. Because of overlapping imaging characteristics such heterogeneous enhancement and cystic degeneration, preoperative distinction between schwannoma and GIST is still difficult. Although it lacks specificity, cross-sectional imaging is crucial for surgical planning. Histopathological and immunohistochemical analysis are necessary for a conclusive diagnosis. Complete surgical excision has a minimal probability of recurrence and is still curative.

Conclusions. On imaging, intra-abdominal schwannomas can resemble GISTs quite a bit. The differential diagnosis for abdominal tumors with unclear characteristics should include schwannoma. Accurate diagnosis requires histopathological confirmation. Excellent results are obtained with complete surgical resection, and multidisciplinary treatment is essential for the best possible patient care.

LITERATURE

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SEVERAL SPONTANEOUS PREGNANCIES I N A 45X TURNER PATIENT

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Relevance. Turner syndrome (TS) is a chromosomal disorder that is associated with premature ovarian failure and a markedly reduced ovarian reserve, making natural conception far more difficult than in the general population. Although assisted reproductive technologies have expanded parenthood options, spontaneous conception in TS remains extremely rare and occurs more frequently in mosaic karyotypes than in classic monosomy X [1].

Target. We report the case of a 29-year-old woman with a non-mosaic 45X karyotype.

Research methods. Studying history case of the patient with a non-mosaic 45X karyotype who achieved three spontaneous pregnancies, analysis results, ultrasound examination, statistic methods.

Results and their discussion. A 29-year-old patient with a known diagnosis of TS 45X non-mosaic, presented to our institution during the 38th gestational week of her third spontaneous pregnancy. Given her height was 146cm and weight of 84kg (BMI: 39.4kg/m2), the patient met class for class II/III obesity, a relevant risk factor for pregnancy related complications. Her gynecologic history was unremarkable. She had spontaneous menstruation at the age of 12 with regular 28-day menstrual cycles. There was no history of infertility treatment, hormonal therapy, or use of assisted reproductive techniques. Pelvic ultrasonography revealed normal sized uterus, ovaries (morphology). Her obstetric history included three spontaneous pregnancies. The first