

Letter To the Editor

Elahe Abbaspour¹ and Sahand Karimzadghagh¹

¹Guilan University of Medical Sciences

November 18, 2023

Letter To the Editor

We read the article "Retroperitoneal Schwannoma: Uncommon Location of a Benign Tumor" by Debaibi et al. ¹ in the Journal of Clinical Case Reports in 2022 with great interest. While this research is undoubtedly valuable in contributing to our understanding of retroperitoneal schwannomas, it has come to our attention that certain aspects of the study merit further discussion and consideration.

In the opening paragraph of the discussion section, the authors allude to the rarity of malignant transformation within schwannomas, except in cases of type 2 neurofibromatosis, citing Harhar et al. 2021². However, this statement is inaccurate, as Harhar et al. reported that up to 60% of individuals with Von Recklinghausen's disease, specifically referring to neurofibromatosis type one, may undergo malignant transformation. Therefore, the assertion concerning type 2 neurofibromatosis lacks support from their reference. For the sake of clarity, farschtchi et al.³, in their article, also stated that "schwannomas in neurofibromatosis type 2 hardly ever undergo malignant transformation."

In the second paragraph of the discussion section, the authors refer to abdominal Magnetic Resonance Imaging (MRI) as the "gold standard" for diagnosis, citing Radojkovic et al. ⁴ and Harhar et al. While Radojkovic et al. do emphasize the role of MRI in diagnosing soft-tissue tumors, it is crucial to clarify that MRI is not universally the gold standard for differentiating between benign and malignant lesions. Moreover, Harhar et al. acknowledge the lack of distinct imaging characteristics for retroperitoneal schwannomas on computed tomography (CT) and MRI scans. Since there is no gold standard diagnostic method for RSs⁵, establishing a definitive preoperative diagnosis of RSs remains challenging. However, the importance of contrast-enhanced CT as a primary imaging investigation, especially in differentiating various pathologies in the retroperitoneum, should be highlighted, as suggested by Messiou et al.⁶ in 2018. Despite the availability of numerous advanced imaging techniques, such as ultrasound (US), CT, and MRI, the absence of distinct imaging features limits our ability to diagnose RSs accurately, with less than 20% of all cases receiving a precise preoperative identification. ⁷

Lastly, in the introduction section, the authors state that retroperitoneal schwannomas represent only 4% of all retroperitoneal tumors, citing Radojkovic et al. 2018. ⁴ However, I would like to point out that this specific reference is not mentioned anywhere in the manuscript. The accurate source for this information is Harhar et al. 2021. This discrepancy in referencing should be addressed and corrected, as the integrity of scientific literature relies on accurate and well-referenced information, especially in clinical case reports.

Retroperitoneal schwannomas (RSs) are unusual tumors, accounting for only 1 to 3% of all schwannomas. They often go unnoticed due to the expansive and flexible nature of the retroperitoneal space, leading to delayed diagnosis and significant lesion growth. Definitive diagnosis of schwannomas is based on histopathological and immunohistochemical findings⁸. Characteristic histopathological changes are marked by elongated spindle cells forming hypercellular Antoni A areas with twisted nuclei and Verocay bodies, as well as hypocellular Antoni B regions exhibiting inflammatory cells, collagen bundles, and xanthomatous changes^{8,9}. The primary treatment approach involves surgical removal, which can be accomplished

through traditional open procedures or minimally invasive laparoscopy, often yielding positive therapeutic results^{5,10}. However, this necessitates thorough preoperative planning and a multidisciplinary approach, given the complex nature of both diagnosis and treatment.

References

1. Debaibi M, Essid R, Sghair A, et al. Retroperitoneal schwannoma: Uncommon location of a benign tumor. *Clin Case Rep* . 2022;10(4):e05726. doi:10.1002/ccr3.5726
2. Harhar M, Ramdani A, Bouhout T, Serji B, El Harroudi T. Retroperitoneal Schwannoma: Two Rare Case Reports. *Cureus* . 13(2):e13456. doi:10.7759/cureus.13456
3. Farschtschi S, Mautner VF, Cecilia Lawson McLean A, Schulz A, Friedrich R, K. Rosahl S. The Neurofibromatoses. *Dtsch Arztebl Int* . 2020;117(20):354-360. doi:10.3238/arztebl.2020.0354
4. Radojkovic M, Mihailovic D, Stojanovic M, Radojković D. Large retroperitoneal schwannoma: a rare cause of chronic back pain. *J Int Med Res* . 2018;46(8):3404-3410. doi:10.1177/0300060518776474
5. Okuyama T, Tagaya N, Saito K, Takahashi S, Shibusawa H, Oya M. Laparoscopic resection of a retroperitoneal pelvic schwannoma. *J Surg Case Rep* . 2014;2014(1):rjt122. doi:10.1093/jscr/rjt122
6. Messiou C, Morosi C. Imaging in retroperitoneal soft tissue sarcoma. *J Surg Oncol* . 2018;117(1):25-32. doi:10.1002/jso.24891
7. Algahtany MA, Almalki AM, Albeshre ID, Badri RN. Unique challenges in the management of a Giant retroperitoneal Schwannoma associated with vertebral body destruction and spinal canal invasion. *Neurosci Riyadh Saudi Arab* . 2021;26(3):289-294. doi:10.17712/nsj.2021.3.20200184
8. Zareharifi N, Karimzadghagh S, Ebrahimian R, et al. Successful management of a giant retroperitoneal ancient schwannoma mimicking malignant tumors: A case report and literature review. *Ann Med Surg* .:10.1097/MS9.0000000000001445. doi:10.1097/MS9.0000000000001445
9. Ozbir S, Girgin MC, Kara C, Dincel C. Atypical presentations of retroperitoneal giant schwannomas. *Clin Pract* . 2011;1(3):e47. doi:10.4081/cp.2011.e47
10. Gao C, Zhu FC, Ma B zhao, et al. A rare case of giant retroperitoneal neurilemmoma. *J Int Med Res* . 2020;48(9):0300060520935302. doi:10.1177/0300060520935302.