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LETTER TO EDITOR

# Rare case of sciatic schwannoma

Schwannomas are tumors arising from Schwann cells of nerve sheath. They are reported to occur as solitary schwannomas, in association with Von Reckling disease, and schwannomatosis. Isolated sciatic schwannomas are rare entities described in literature.[1,2] Here, we report a case of isolated sciatic schwannoma.

A 26-year-old male presented with swelling in the left gluteal region since 15 years. Swelling was painless for the first 5 years after which he had gradually progressive, dull aching pain. Pain was radiating till foot and aggravated with limb movement. There was no history of similar swelling anywhere in the body.

On examination, tender, solitary, oval, painful swelling of size 25 cm × 12 cm in the left gluteal region and posterior thigh was noted. Smooth surface and round border was made out. Skin over the swelling was normal. There was no local rise of temperature. The swelling was firm in consistency and mobile on both directions. Decrease in size of the swelling was observed on contraction of gluteal muscles.

Fine needle aspiration cytology (FNAC) showed features suggestive of neurofibroma. Soft tissue scan revealed well-defined multilobulated collection with internal echoes, septations, and few cystic areas, thus suggesting inconclusive complex organized collections. Magnetic resonance imaging (MRI) showed contiguous soft tissue lesions, few showing cystic changes in left gluteal and posterior thigh region in inter-muscular plane.

Surgical resection was performed [Figure 1]. A mass measuring 25 cm × 12 cm was observed arising from the sciatic nerve. Tumor was homogenously grayish white and fleshy with few cystic changes on gross appearance. Histopathology report revealed partly encapsulated benign fibrocellular neural lesion comprising Antony A and B areas. Cellular areas showed verrucous bodies. The cells were elongated with fibrillary cytoplasm. No nuclear atypia or increased mitotic figures was observable. There was a good number of hyalinized vessels [Figure 2]. Thus, diagnosis of schwannoma was made. Patient recovered without any neurological deficits after surgery.

Isolated sciatic schwannoma is very rare.[1,2] As suggested by Pilavki *et al.*, slow growing nature of the tumor might be the cause for initial asymptomatic period.[3] Rarity, initial asymptomatic period, unusual finding on FNAC, and imaging modalities pose challenges in the diagnosis of sciatic schwannoma. The evaluation and management of leg pain is a commonly encountered clinical issue. Though rare, schwannomas can cause sciatica. It is important to consider this condition in the differential diagnosis of sciatica. Knowledge of occurrence of isolated schwannoma is important in differentiating gluteal swelling due to soft tissue sarcoma. From prognostic point of view, schwannomas have excellent recovery than sarcomas.

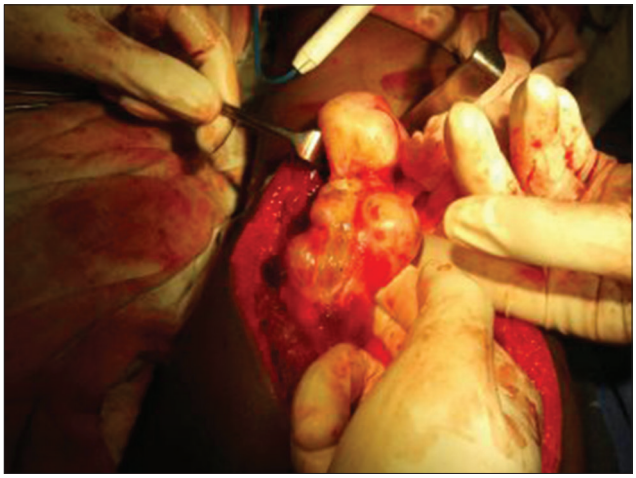

**Figure 1:** Intraoperative finding

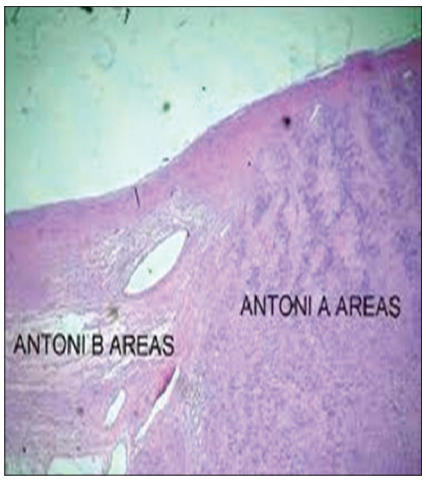


**Figure 2:** Histopathology picture

In general surgical practice, it is common to consider lipoma as one among the differential diagnoses in gluteal region swelling. General surgeons should be aware that if they receive this kind of case, schwannoma should be considered in the differential diagnosis and extirpation should be done carefully without damaging the nerve.

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