

Uterine Schwannoma in Pregnancy

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Letter to the Editor

Dear Editor, a 37 year old woman, para 0, within a diagnostic iter for sterility, underwent hysteroscopy in January 2011, which evidenced no endouterine anomalies or lesions. She came to our observation in May 2011 at 6 weeks' gestation for obstetric care. Threatened abortion was diagnosed in the first trimester, which required therapy with vaginal progesterone 200 mg twice a day. Pregnancy course was uneventful subsequently. The patient was given folic acid during the first trimester, and iron during the third trimester because of anaemia. A fetal growth at the upper end of the normal range expected for gestational age and no fetal anomalies were seen at serial ultrasound scans. The patient underwent caesarean section in December 2011 at 39 weeks gestation for cephalo-pelvic disproportion. A male baby, weighing 3800 g, with Apgar scores 9/10, was delivered. Immediately after expulsion of the placenta, which had an anterior implantation, a grayish oval solid lesion measuring 3 x 2 x 1 cm in diameters was extracted from the uterine cavity and sent to histological examination. Definitive histopathology and immunohistochemistry (negativity for cytokeratin, HMB45, actin, desmin and CD34; positivity for S 100 protein) diagnosed a benign schwannoma (Figure 1 and 2). The postoperative course was uneventful and the patient was discharged home on postoperative day 3. The patient breastfed. Subsequent ultrasound follow-up every

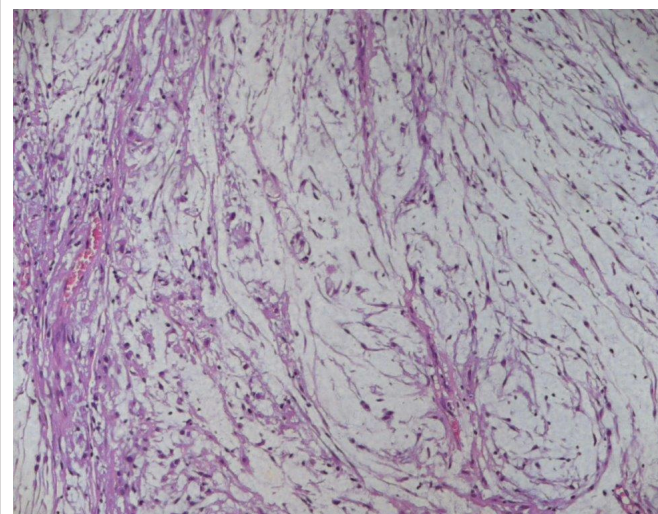


Figure 1: Medium power view: Benign mesenchymal neoplasia, characterized by spindle cells without nuclear atypia and mitotic activity; ectatic blood vessels are present.

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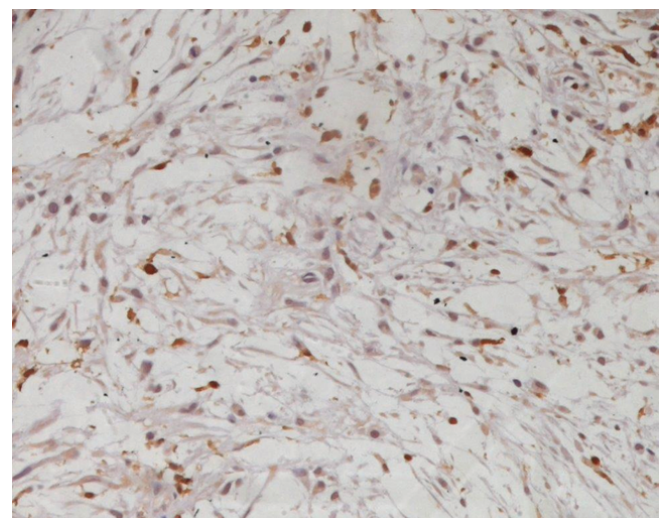


Figure 2: Immunohistochemical staining has shown intense immunoreactivity for S-100 protein.

three months after delivery for one year and hysteroscopic control one year after delivery excluded local relapse of the lesion. A second uneventful pregnancy and term caesarean delivery of a female healthy baby weighing 3200 g occurred in 2016. The Patient is currently doing well. To our knowledge, ten cases of uterine

schwannoma have been described in the literature [1]. Unlike these cases in which the schwannoma originated from the cervix uteri and in most of them was a malignant one, in our case the lesion originated from the uterine cavity and was benign. Moreover, since hysteroscopy performed shortly before pregnancy by a very skilled specialist evidenced no endouterine lesions, one may reasonably speculate that in our case the schwannoma has grown during the pregnancy [2].

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