



Rare Case of Pelvic Pain in a Male Patient due to Pudendal Nerve Schwannoma - The Key to Diagnosis

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Abstract

Pudendal nerve schwannomas can be the cause of persistent pelvic pain, despite the extreme low incidence. We present the case of a patient with a 2 cm pudendal schwannoma, who underwent complete surgical excision.

Keywords: Pudendal schwannoma; Pelvic pain; Surgical excision

Case Report

A 58-year-old man presented with a 1 year history of worsening left-sided perineal pain. Magnetic resonance imaging of the left hip revealed a round, sharply marginated mass localized adjacent to the left obturator internus muscle, arising from the left pudendal nerve. On T1-weighted MR images, the lesion was homogeneous and isointense relative to skeletal muscle, while on T2-weighted MR images it appears as a high-signal-intensity lesion with moderate contrast enhancement (Figure 1). Surgical excision using transgluteal approach was performed. Microscopic evaluation confirmed the diagnosis of schwannoma.

Schwannomas are encapsulated tumors arising from the Schwann cells of the neural sheath of motor and sensory nerves. They are seen in all cranial nerves except optic and olfactory [1], while pelvic schwannomas are rare [2]. Histologic exam reveals Antoni type A palisades of spindle cells with large oval nuclei with interlacing fascicles. Less cellular regions appear as Antoni type B areas. The primary treatment is surgical excision.

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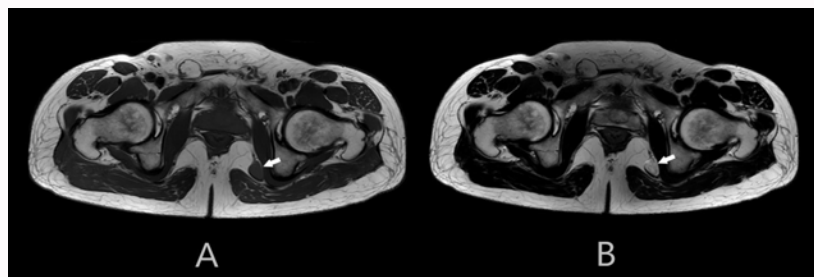


Figure 1: Pelvic MRI reveals a round, sharply marginated mass localized adjacent to the left obturator internus muscle, arising from the left pudendal nerve (white arrows). A) T1-weighted MR images: the lesion is homogeneous and isointense relative to skeletal muscle. B) T2-weighted MR images: high-signal-intensity lesion with moderate contrast enhancement.

Author's Contribution

Athanasios Piachas: Reviewed the literature, wrote the manuscript. Eliza Stavride: Made a contribution to drafting, reviewed the literature.

References

1. Pilavaki M, Chourmouzi D, Kiziridou A, Skordalaki A, Zampoukas T, Drevelengas A. Imaging of peripheral nerve sheath tumors with pathologic correlation: Pictorial review. *Eur J Radiol.* 2004;52(3):229-39.
2. Mazzola CR, Power N, Bilsky MH, Robert R, Guillonneau B. Pudendal schwannoma: A case report and literature review. *Can Urol Assoc J.* 2014;8(3-4):E199-203.