

LETTER TO THE EDITOR

From cough to Schwannoma diagnosis: a case report

Öksürük belirtisi sonrası Schwannoma tanısı konulan bir olgu

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To the Editor,

Coughing, as a reflex, is an important defense mechanism that clears the airways and lungs of secretions and foreign bodies inhaled. As a symptom, cough is the most common reason for hospital admission in the clinical practice of pulmonary diseases. Its prevalence is approximately 10% in the adult age group. Cough can occur in adults for both the respiratory system and non-respiratory system reasons, and cough is one of the most common reasons for seeking primary healthcare services¹.

A sore throat, which may or may not be the cause of coughing, is another common reason for seeking medical care. Annually, 10% of the population applies for primary healthcare services due to sore throat. Infection-related sore throats are mostly caused by viruses².

Schwannomas, also known as benign nerve sheath tumors, are the most common neurogenic tumors of the mediastinum in adult patients. Intrathoracic Schwannomas are commonly referred to as intercostal tumors of the posterior mediastinum or sympathetic nerve-related tumors²⁻⁴.

In our case report, we presented a patient who applied with complaints of a sore throat and cough, but whose chest radiography revealed a mass that was later diagnosed as a Schwannoma.

A 52-year-old male patient admitted to our outpatient clinic with a one-week history of sore throat and cough. He had no chronic disease diagnoses, no surgery history, and no prescriptions. The patient, a university employee, had previously served on active

duty in the animal laboratory between 2000 and 2010. Chest radiography was requested because the lung sounds could not be clearly heard in the physical examination. Computed tomography was then requested because a regular-shaped lesion was observed in the upper right lung in the chest radiography (Figure 1); according to the report, it was stated that a well-contoured lesion measuring 6 cm x 3.5 cm with cystic density extending from the upper right lung posterior to the major fissure attracted attention, which could be a hydatid cyst or a peripherally located bronchogenic cyst, and that there was no mass or consolidation observed in either lung parenchyma.

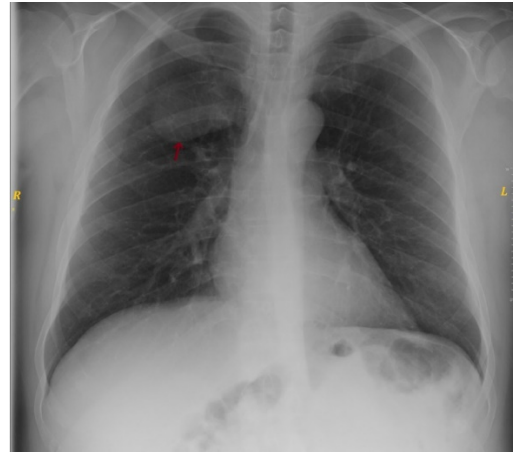


Figure 1. Chest radiography

As a result of the tomography, it was determined that the lesion should be surgically removed due to its size. Exploration was conducted and it was stated

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that a non-lung-related wide-based cystic lesion in the thoracic wall, adjacent to the posterior mediastinum, was discovered. It was also stated that the lesion was completely excised, and the pathology result was reported as Schwannoma with diffuse cystic areas.

Schwannomas are benign nerve sheath tumors that should be considered and taken into account in radiological evaluation, particularly in cases of mediastinum diseases⁵. In our case report, we present a case diagnosed with Schwannoma who presented with complaints of sore throat and cough and underwent surgery due to a mass appearance on chest radiography.

Schwannomas are the most prevalent neurogenic tumors in the mediastinum, especially in the posterior mediastinum. Schwannomas are a common type of tumor that arises from the peripheral nerve sheath^{4,7}. In a single-center 10-year retrospective study, dermal and subcutaneous Schwannomas were found to be the most common (75.3%), followed by mediastinal Schwannomas (10.9%)⁸. Cases diagnosed with Schwannoma during routine check-ups or when they applied with low back pain were included in the case report by Bozdağ and Zeybek, similar to our case⁵. Song et al. included a case report of a 60-year-old female patient who was admitted with a cough and was diagnosed with a benign Schwannoma located in the posterior mediastinum during her check-up⁸.

Schwannomas may occur due to rare causes, including spontaneous hemothorax, which causes intrathoracic hemorrhage⁹, and in our case, it is thought to be nerve sheath related.

The diagnosis of the patient with a pre-diagnosis of Schwannoma was reported to be a bronchogenic cyst in the case report by Pan et al.¹⁰. However, our case was pre-diagnosed with a bronchogenic cyst or hydatid cyst as a result of radiological imaging methods, but the pathologic diagnosis was reported as Schwannoma.

More attention should be paid to how symptoms commonly encountered in primary healthcare services are approached. A holistic approach model should be employed for the often-seen symptoms, and it should be emphasized that early diagnosis is of vital importance. Since anamnesis is not always sufficient, a physical examination should be performed when evaluating the complaint of cough, which is one of the most common reasons for applying to family medicine outpatient clinics, and the patient then should be holistically evaluated using

radiological imaging methods if necessary, and it should be remembered that the patient can receive pre-diagnoses for many different diseases, such as the Schwannoma diagnosis, as in our case (Informed consent was obtained from the patient on November 23,2022.).

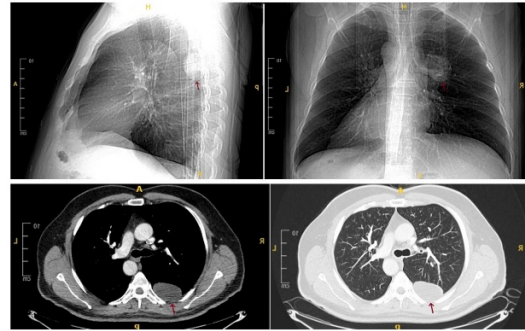


Figure 2. Thoracic computed tomography.

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