

## Case report

# Neurilemoma (Schwannoma) of the ischiorectal fossa: a case report and a brief review of the relevant pathology

JOHANN COETZEE (\*) - AMANDA DE BEER (\*\*)

(\*) Krugersdorp Hospital, Krugersdorp, South Africa

(\*\*) Ampath Pathology Laboratories, Kempton Park, South Africa

## INTRODUCTION

A case of a primary neurilemoma of the ischiorectal space is described. The ischiorectal fossa is a pelvic anatomic space, which until recently received scanty attention in medical training programmes. With the advent of new surgical techniques in reconstructive pelvic surgery, for example both the trans-obturator route for sub-urethral slings and the passage of trocars for the posterior placement of mesh supports in posterior prolapse, knowledge of the anatomy and pathology of this space has assumed more importance.

A neurilemoma (also spelled neurilemmoma and also referred to as a Schwannoma) of the ischiorectal fossa is very rare. A Pubmed search using neurilemoma, neurilemmoma, Schwannoma and ischiorectal fossa gave no citations, while an advanced Google scholar search came up with two citations, both in male patients. This is therefore to the best of our knowledge the only female patient currently reported in the literature.

## CASE REPORT

The patient, a fifty two year old G1 P2 (a set of twins), was referred by her general practitioner with a presumptive diag-



Fig. 1. – Perineal incision to expose tumour.



Fig. 2. – Excised Neurilemoma.



Fig. 3. – Histological section of tumour demonstrating Antoni A and B areas.

nosis of a cystic swelling of the left sided Bartholin's gland. The patient had been aware of the swelling for some three months, but it did not cause pain and there was no bladder or bowel dysfunction. She still had irregular menstrual periods, but had not been sexually active for some time due to a male factor. Clinical examination revealed no abnormalities of the general parameters. There was a large swelling visible and palpable in the area of the left ischiorectal fossa, with delineable margins on vaginal and rectal examination. The rest of the pelvic examination was normal.

Transperineal ultrasound showed that it was not a cystic mass, but a large tumour with a homogenous consistency. The pre-operative diagnosis was that of a lipoma of the ischiorectal fossa.

The tumour was exposed with an incision lateral to the perineum (Fig. 1), and it was easily shelled out with blunt finger dissection. There was a blood vessel pedicle present in the posterior superior position. The mass (Fig. 2) was delivered through the incision and complete haemostasis was obtained in the cavity, which was then obliterated with interrupted sutures. Anatomical structures were sought and care was taken not to place sutures through the rectum or vagina. The post-operative period was uneventful and at the four week follow-up examination the patient had recovered completely.

## DISCUSSION

A wide spectrum of disease processes may involve the ischiorectal fossa, including congenital and developmental lesions, inflammatory, traumatic and haemorrhagic conditions; primary tumours and pathologic processes from outside the ischiorectal fossa with secondary involvement.



Clinical examination, transperineal ultrasound, computed tomography and magnetic resonance imaging are all useful in the diagnosis of these conditions.<sup>1</sup>

Neurilemomas, or Schwannomas, derive from the Schwann cells of nerve sheaths, and may occur singly or multiply on any nerve or nerve root. The most common location is in fact the acoustic nerve, making this a frequent intracranial tumour. Neurilemomas are almost always benign, very infrequently malignant and should then be called neurogenic sarcomas. However, even benign lesions may recur after incomplete removal. Neurilemomas generally appear in middle adult life but sometimes are encountered earlier, particularly in association with von Recklinghausen's neurofibromatosis. This hereditary syndrome is characterized by multiple nerve tumours, either neurofibromas or neurilemomas.<sup>2</sup> Histologically two patterns, so called Antoni A and Antoni B are encountered in neurilemomas. The Antoni A pattern comprises interlacing bundles or whorls of elongated spindle cells, and the Antoni B pattern a very loose, disorganized myxoid tissue with abundant ground substance and scattered stellate cells. Both histological patterns were present in the tumour resected from our patient (Fig. 3), and staining for protein S100 was positive.

#### CONCLUSION

Neurilemoma are mostly resectable curable growths<sup>3</sup> and with careful attention to complete excision and the surrounding anatomy the prognosis will be excellent.

#### REFERENCES

1. Llauger J, Palmer J, Perez C, et al. The normal and pathologic ischiorectal fossa at CT and MR imaging. *RadioGraphics* 1998; 18: 61-82.
2. Woodruff JM. Pathology of the major peripheral nerve sheath neoplasms. *Monogr Pathol* 1996; 38: 129-161.
3. Miller M, Kulaylat MN, Ferrario T, Karakousis CP. Resection of tumors of the ischiorectal fossa. *J Am Coll Surg* 2003; 196: 328-332.

*Correspondence to:*

JOHANN COETZEE  
Krugersdorp Hospital,  
Krugersdorp, South Africa.  
Email: johcc@iafrica.com

### ANNOUNCING A NEW SOCIETY

## EURASIAN COLORECTAL TECHNOLOGIES ASSOCIATION (ECTA)

The ECTA has been founded by 63 colorectal surgeons radiologists and endoscopists. These Founding Members (FM) represent 32 countries in Europe and Asia. The ECTA aims to promote and teach the use, and discourage the abuse, of advanced technologies for both diagnosis and treatment of large bowel diseases in European and Asian countries, in cooperation with other colorectal societies. One of the Training Centers with a multidisciplinary Faculty will be located in Italy.

The Biennial Congress of the Society will be held alternatively in Europe and Asia. Founding members of the society include the Presidents of the European Society of Coloproctology and of the Asian Federation of Coloproctology, the Dean of the West China University, the General Secretary of the Mediterranean Society of Coloproctology, the Coeditor of *Techniques in Coloproctology*, Associate Editors of *Dis Colon Rectum* and *Colorectal Diseases*, the Editor of the *Indian Journal of Coloproctology* and the President of the Israel Society of Colorectal Surgeons.

ECTA has 3 Trustees, 3 arbitrators and 10 Committees aimed at achieving the goals of the society. Among them, the Imaging-Endoscopy Committee (Chairmen: V. Piloni and F. Kunishi), the Procto-Perineology Committee (B. Roche and P. Gupta), the Novel Technologies Committee (H. Myrvold and M. Oncel) and the Young Surgeons Committee (F. Aigner and M. Wong). R. Schouten chairs the Research Committee. L. Hultèn and K. Maeda run the Congress Committee, E. Lezoche the Training and E. Xynòs the Laparoscopic Committees.

#### ECTA GOVERNING COUNCIL 2008-2009

(all but the Honorary President are FM)

*President:* **F. Seow Choan** (Singapore); *Honorary President:* **M. Pescatori** (Italy)

*Vice Presidents:* **T. Scricka** (Czech Republic); **P. Sheikh** (India)

*Members:* **J.M. Devesa** (Spain); **R.K.S. Phillips** (UK); **P. Tsarkov** (Russia);  
**M. Rabau** (Israel); **G-Z. Zhou** (China); **T. Fukushima** (Japan)

*Secretary:* **P.P. Dal Monte** (Italy) - *Treasurer:* **P. De Nardi** (Italy)

*Website* [info.eurasianecta.org](http://info.eurasianecta.org)

*Official Journal* **Techniques in Coloproctology**, Springer Verlag, Indexed in IM-EM

*Submission on line* [www.editorialmanager.com/tcol](http://www.editorialmanager.com/tcol) - *Info:* [federica.polverosi@springer.com](mailto:federica.polverosi@springer.com)

*For ECTA Membership and other information, please contact* [pp@ppdalmonete.org](mailto:pp@ppdalmonete.org)