

“Complete removal of a 7cm long nerve sheath tumor (longest ever documented) by flexible bronchoscopy with staging EUS-B-FNA, in the same sitting, under conscious sedation ”

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#P-159



Introduction

- ❖ In the lung, neurogenic tumors are a rare clinical entity.
- ❖ Malignant tumors causing central airway obstruction are usually treated with a palliative intent, with minimally invasive techniques of debulking including electrocautery, argon-plasma or cryotherapy.

Case Report

- A 64 year old female.
- History of asthma, diabetes and hypertension.
- Non resolving shortness of breath despite treatment optimization.
- HRCT -Soft tissue opacity in the right main bronchus and protruding out into the lower trachea.
- Bronchoscopy done at another center but biopsies not taken for fear of bleeding.
- PET scan -active multiple mediastinal lymph nodes with non avid bronchial mass in right main bronchus.
- Serum 5-alpha DHT, 5-HIAA, Chromogranin A - normal.

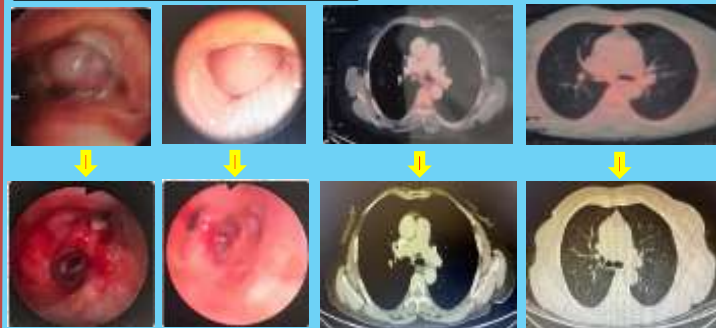


Clinical Course & Management

- ❑ Flexible bronchoscopy showed mass completely occluding the right main bronchus.
- ❑ Tumor debulking done with electrocautery snare & cryo-extraction done with flexible bronchoscope.
- ❑ Entire 7 centimeter tumor removed in a single piece & the procedure done under conscious sedation.
- ❑ Same sitting -PET positive lymph node sampling done through esophageal route (EUS-B-FNA) – Station 7- Subcarinal lymph node.

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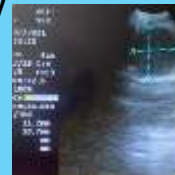
Pre & Post Procedure



Immunohistochemistry (IHC) :
Primary Pulmonary Schwannoma
Lymph nodes : Reactionary



Extracted Tumor



EUS-B-FNA (7)

Discussion

- ❖ Flexible bronchoscopy at times can be used without rigid bronchoscopy for tumor debulking.
- ❖ Not only a large tumor was removed in-toto with a flexible bronchoscope but the procedure proved to be curative.
- ❖ Primary pulmonary schwannomas is rare.
- ❖ Symptoms and CT manifestations are nonspecific.
- ❖ Size and the density of the tumor are not helpful in differentiating malignant schwannoma from benign one.
- ❖ Represent 1-2 % of thoracic tumors and majority are usually seen in the posterior mediastinum
- ❖ Patients are asymptomatic on presentation or may present with cough, dyspnea or pain.
- ❖ Slow growing and rarely progress to malignancy.
- ❖ The size and the density of the tumor are not helpful in differentiating malignant from the benign one.

Conclusions

1. Flexible bronchoscopy in skilled hands can be employed to debulk even large tumors
2. For benign tumors such procedures can be curative.
3. When attempting such procedures back up with rigid bronchoscopy must be there