

## Letter to the Editor

## Dear Editor,

We read the article by Khandakar, et al. with interest.<sup>1</sup> This article is a great contribution to literature. They presented their clinical experience on removal of large retroperitoneal schwannoma in a 65-year-old male patient, and reported a good postoperative prognosis.<sup>1</sup> Recently, complete laparoscopic and/or robotic-assisted laparoscopic procedures have been used for removal of retroperitoneal masses as minimally invasive surgery options. Specifically, laparoscopic retroperitoneal access can provide better results. To overcome retroperitoneal schwannoma, we would like to affix a case that had been performed laparoscopic retroperitoneal schwannoma removal.

A-36-year old woman was admitted our institute's outpatient clinic of general surgery with chief complaint of increasing abdominal pain for two weeks. She had no comorbidities and/or previous operation. Her body mass index (BMI) was 34.1 kg/m<sup>2</sup>. Detailed physical and radiological examinations revealed a left retroperitoneal mass. Computed tomography (CT) showed a well-defined, round, hypodense, and heterogeneous mass with low enhancement (Figure 1A). Additionally, left renal artery had been distorted to antero-medial by mass in fat saturated T2 weighted magnetic resonance image (MRI), (Figure 1B), and coronal post-contrast T1 weighted MRI (Figure 1C). The retroperitoneal mass was seemed heterogeneous with a diameter of 7 × 5 cm (Figure 1C). The mass has a slight enhancement in MRI. In view of all these, radiology reported retroperitoneal schwannoma in left side. Her complaints started when, the mass had 7 cm diameter. After signed consent forms were obtained from the patient, laparoscopic retroperitoneal mass removal were performed in the left lumbar position. Operation time was 65 minutes, and estimated blood loss was 15 cc. She was discharged two days after the operation. The pathological report disclosed a benign schwannoma.

Retroperitoneal schwannoma, which is originated from ganglion cells of neural crest, is a rare and benign mass.<sup>2</sup> These tumours are more often diagnosed incidentally. The CT and MRI are beneficial for diagnosis. When schwannoma is located in the retroperitoneum, it usually tends to close major vessels such as aorta and renal artery. The schwannoma should be removed by surgery and spe-

cifically, laparoscopic surgical treatment options should be preferred for removing it. Retroperitoneal approach should firstly be considered. Recently, the development of our surgical technique has evolved in parallel with improvements in endoscopic surgery. Notably, laparoscopic retroperitoneal access has been highlighted in obese patients with their well-known benefits.<sup>2</sup> In their study, Arslan, et al. pointed to benefits of laparoscopic retroperitoneal access types to different patients types with retroperitoneal masses, and higher costs of robotic assisted laparoscopic surgery.<sup>3</sup> In our case (BMI > 30 kg/m<sup>2</sup>), the tumour was very closed to the left renal artery and aorta. Tumour was removed successfully, by performing laparoscopic retroperitoneal surgery. No postoperative complication, due to tumour removal was reported.

Finally, it is clear that laparoscopic retroperitoneal access to retroperitoneal schwannoma, which usually is diagnosed incidentally, can be one of the logical and plausible surgical options. Additionally, retroperitoneal access may be more suitable for obese patients with retroperitoneal masses.

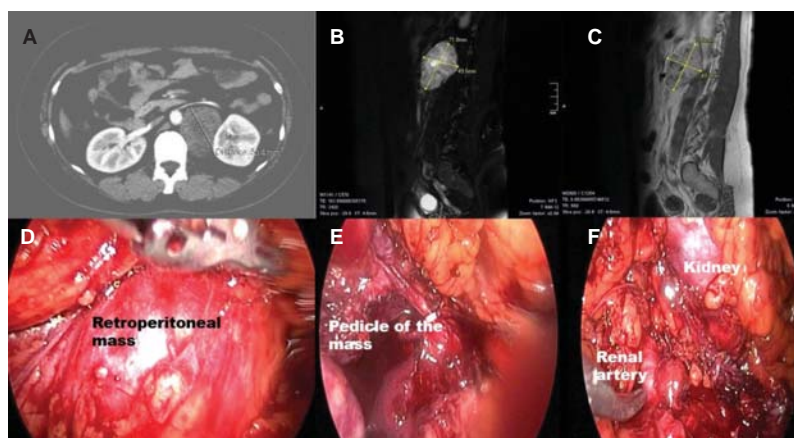
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## References

1. Khandakar B, Dey S, Chandra Paul P, Medda S, Bhattacharya A, Datta S. Retroperitoneal giant ancient schwannoma. *Arch Iran Med*. 2014; **17**: 847–849.
2. Fazeli-Matin S, Gill IS, Hsu TH, Sung GT, Novick AC. Laparoscopic renal and adrenal surgery in obese patients: comparison to open surgery. *J Urol*. 1999; **162**: 665–669.
3. Arslan M, Akin Y, Ates M, Degirmenci T, Kozacioglu Z, Ors B, et al. Changing surgical approaches for laparoscopic adrenalectomy: single-surgeon data of a 6-year experience. *Urol Int*. 2013; **91**: 304–309.



**Figure 1.** Radiological and operational view of schwannoma; **A)** Axial post-contrast computed tomography image. There is a well-defined, round, hypodense mass. White arrow shows the mass which has heterogeneous and low enhancement; **B)** Axial T2 weighted magnetic resonance image, **C)** Coronal post-contrast T1 weighted magnetic resonance image of the mass (Arrow). Mass is located at retroperitoneal region and heterogeneous. Left renal artery has an antero-medial distortion duo to mass. There are millimetric hyperintense cysts. The mass has slight enhancement. Size of the mass was 5 × 7 cm; **D)** Laparoscopic retroperitoneal view of the mass (Arrow); **E)** Hemolock clips were placed on pedicles of the tumour; **F)** View after excision of the mass. Thin arrow shows left renal artery, and thick arrow shows kidney.