Giant intercostal nerve Schwannoma presenting as Horner’s syndrome.
Recovery after surgical resection

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1. Case

A 65-year old woman with a year-long history of left sided Horner’s syndrome presented with a recent history of an irritating cough and progressive dyspnoea was diagnosed of a large mediastinal mass. A gadolinium-enhanced magnetic resonance imaging (MRI) scan demonstrated a capsule surrounding the mass and the presence of a plane between the lesion and related structures (Figs. 1a and b). The appearances were those of a neurogenic mediastinal tumour.

Surgical excision was performed via combined left cervical and left thoracotomy approaches. The recovery was uneventful and the patient was discharged from hospital on the seventh postoperative day with complete recovery from Horner’s syndrome.

Microscopic examination was characteristic of Schwannoma. At 30-month follow-up she remains asymptomatic and with no radiological evidence of mediastinal recurrence.

Fig. 1. (a) Axial view of the $11\times7\times4.5$ cm$^3$ mediastinal tumour displacing the trachea and extending into the neck. (b) Capsule surrounding the tumour that occupies most of the left thoracic cavity.