

World Journal of *Clinical Cases*

World J Clin Cases 2022 June 16; 10(17): 5518-5933



MINIREVIEWS

- 5518** Occult hepatitis B — the result of the host immune response interaction with different genomic expressions of the virus
Gherlan GS
- 5531** Pulmonary complications of portal hypertension: The overlooked decompensation
Craciun R, Mocan T, Procopet B, Nemes A, Tefas C, Sparchez M, Mocan LP, Sparchez Z
- 5541** Ethical review of off-label drugs during the COVID-19 pandemic
Li QY, Lv Y, An ZY, Dai NN, Hong X, Zhang Y, Liang LJ

ORIGINAL ARTICLE

Case Control Study

- 5551** Gut peptide changes in patients with obstructive jaundice undergoing biliary drainage: A prospective case control study
Pavić T, Pelajić S, Blažević N, Kralj D, Milošević M, Mikolasevic I, Lerotic I, Hrabar D

Retrospective Cohort Study

- 5566** Longitudinal assessment of liver stiffness by transient elastography for chronic hepatitis C patients
Mezina A, Krishnan A, Woreta TA, Rubenstein KB, Watson E, Chen PH, Rodriguez-Watson C

Retrospective Study

- 5577** Clinical evaluation of prone position ventilation in the treatment of acute respiratory distress syndrome induced by sepsis
Xia WH, Yang CL, Chen Z, Ouyang CH, Ouyang GQ, Li QG
- 5586** Three-dimensional arterial spin labeling and diffusion kurtosis imaging in evaluating perfusion and infarct area size in acute cerebral ischemia
Jiang YY, Zhong ZL, Zuo M
- 5595** Intrathecal methotrexate in combination with systemic chemotherapy in glioblastoma patients with leptomeningeal dissemination: A retrospective analysis
Kang X, Chen F, Yang SB, Wang YL, Qian ZH, Li Y, Lin H, Li P, Peng YC, Wang XM, Li WB
- 5606** Hepatic epithelioid hemangioendothelioma: Clinical characteristics, diagnosis, treatment, and prognosis
Zhao M, Yin F
- 5620** Difference between type 2 gastroesophageal varices and isolated fundic varices in clinical profiles and portosystemic collaterals
Song YH, Xiang HY, Si KK, Wang ZH, Zhang Y, Liu C, Xu KS, Li X

- 5634** Assessment of incidental focal colorectal uptake by analysis of fluorine-18 fluorodeoxyglucose positron emission tomography parameters

Lee H, Hwang KH, Kwon KA

Observational Study

- 5646** "Zero ischemia" laparoscopic partial nephrectomy by high-power GreenLight laser enucleation for renal carcinoma: A single-center experience

Zhang XM, Xu JD, Lv JM, Pan XW, Cao JW, Chu J, Cui XG

- 5655** High Eckardt score and previous treatment were associated with poor postperoral endoscopic myotomy pain control: A retrospective study

Chen WN, Xu YL, Zhang XG

- 5667** Higher volume growth rate is associated with development of worrisome features in patients with branch duct-intraductal papillary mucinous neoplasms

Innocenti T, Danti G, Lynch EN, Dragoni G, Gottin M, Fedeli F, Palatresi D, Biagini MR, Milani S, Miele V, Galli A

Prospective Study

- 5680** Application of a new anatomic hook-rod-pedicle screw system in young patients with lumbar spondylolysis: A pilot study

Li DM, Li YC, Jiang W, Peng BG

META-ANALYSIS

- 5690** Systematic review of Yougui pills combined with levothyroxine sodium in the treatment of hypothyroidism

Liu XP, Zhou YN, Tan CE

CASE REPORT

- 5702** Allogeneic stem cell transplantation-A curative treatment for paroxysmal nocturnal hemoglobinuria with PIGT mutation: A case report

Schenone L, Notarantonio AB, Latger-Cannard V, Fremeaux-Bacchi V, De Carvalho-Bittencourt M, Rubio MT, Muller M, D'Aveni M

- 5708** Gray zone lymphoma effectively treated with cyclophosphamide, doxorubicin, vincristine, prednisolone, and rituximab chemotherapy: A case report

Hojo N, Nagasaki M, Mihara Y

- 5717** Diagnosis of spontaneous isolated superior mesenteric artery dissection with ultrasound: A case report

Zhang Y, Zhou JY, Liu J, Bai C

- 5723** Adrenocorticotrophic hormone-secreting pancreatic neuroendocrine carcinoma with multiple organ infections and widespread thrombosis: A case report

Yoshihara A, Nishihama K, Inoue C, Okano Y, Eguchi K, Tanaka S, Maki K, Fridman D'Alessandro V, Takeshita A, Yasuma T, Uemura M, Suzuki T, Gabazza EC, Yano Y

- 5732** Management of the palato-radicular groove with a periodontal regenerative procedure and prosthodontic treatment: A case report

Ling DH, Shi WP, Wang YH, Lai DP, Zhang YZ

- 5741** Combined thoracic paravertebral block and interscalene brachial plexus block for modified radical mastectomy: A case report
Hu ZT, Sun G, Wang ST, Li K
- 5748** Chondromyxoid fibroma of the cervical spine: A case report
Li C, Li S, Hu W
- 5756** Preterm neonate with a large congenital hemangioma on maxillofacial site causing thrombocytopenia and heart failure: A case report
Ren N, Jin CS, Zhao XQ, Gao WH, Gao YX, Wang Y, Zhang YF
- 5764** Simultaneous multiple primary malignancies diagnosed by endoscopic ultrasound-guided fine-needle aspiration: A case report
Yang J, Zeng Y, Zhang JW
- 5770** Neuroendocrine tumour of the descending part of the duodenum complicated with schwannoma: A case report
Zhang L, Zhang C, Feng SY, Ma PP, Zhang S, Wang QQ
- 5776** Massive hemothorax following internal jugular vein catheterization under ultrasound guidance: A case report
Kang H, Cho SY, Suk EH, Ju W, Choi JY
- 5783** Unilateral adrenal tuberculosis whose computed tomography imaging characteristics mimic a malignant tumor: A case report
Liu H, Tang TJ, An ZM, Yu YR
- 5789** Modified membrane fixation technique in a severe continuous horizontal bone defect: A case report
Wang LH, Ruan Y, Zhao WY, Chen JP, Yang F
- 5798** Surgical repair of an emergent giant hepatic aneurysm with an abdominal aortic dissection: A case report
Wen X, Yao ZY, Zhang Q, Wei W, Chen XY, Huang B
- 5805** Heterotopic ossification beneath the upper abdominal incision after radical gastrectomy: Two case reports
Zhang X, Xia PT, Ma YC, Dai Y, Wang YL
- 5810** Non-alcoholic Wernicke encephalopathy in an esophageal cancer patient receiving radiotherapy: A case report
Zhang Y, Wang L, Jiang J, Chen WY
- 5816** New approach for the treatment of vertical root fracture of teeth: A case report and review of literature
Zhong X, Yan P, Fan W
- 5825** Ultrasound-guided microwave ablation as a palliative treatment for mycosis fungoides eyelid involvement: A case report
Chen YW, Yang HZ, Zhao SS, Zhang Z, Chen ZM, Feng HH, An MH, Wang KK, Duan R, Chen BD
- 5833** Pulp revascularization on an adult mandibular right second premolar: A case report
Yang YQ, Wu BL, Zeng JK, Jiang C, Chen M

- 5841** Barrett's esophagus in a patient with bulimia nervosa: A case report
Gouda A, El-Kassas M
- 5846** Spontaneous gallbladder perforation and colon fistula in hypertriglyceridemia-related severe acute pancreatitis: A case report
Wang QP, Chen YJ, Sun MX, Dai JY, Cao J, Xu Q, Zhang GN, Zhang SY
- 5854** Beware of gastric tube in esophagectomy after gastric radiotherapy: A case report
Yurttas C, Wichmann D, Gani C, Bongers MN, Singer S, Thiel C, Koenigsrainer A, Thiel K
- 5861** Transition from minimal change disease to focal segmental glomerulosclerosis related to occupational exposure: A case report
Tang L, Cai Z, Wang SX, Zhao WJ
- 5869** Lung adenocarcinoma metastasis to paranasal sinus: A case report
Li WJ, Xue HX, You JQ, Chao CJ
- 5877** Follicular lymphoma presenting like marginal zone lymphoma: A case report
Peng HY, Xiu YJ, Chen WH, Gu QL, Du X
- 5884** Primary renal small cell carcinoma: A case report
Xie K, Li XY, Liao BJ, Wu SC, Chen WM
- 5893** Gitelman syndrome: A case report
Chen SY, Jie N
- 5899** High-frame-rate contrast-enhanced ultrasound findings of liver metastasis of duodenal gastrointestinal stromal tumor: A case report and literature review
Chen JH, Huang Y
- 5910** Tumor-like disorder of the brachial plexus region in a patient with hemophilia: A case report
Guo EQ, Yang XD, Lu HR
- 5916** Response to dacomitinib in advanced non-small-cell lung cancer harboring the rare delE709_T710insD mutation: A case report
Xu F, Xia ML, Pan HY, Pan JW, Shen YH
- 5923** Loss of human epidermal receptor-2 in human epidermal receptor-2+ breast cancer after neoadjuvant treatment: A case report
Yu J, Li NL

LETTER TO THE EDITOR

- 5929** Repetitive transcranial magnetic stimulation for post-traumatic stress disorder: Lights and shadows
Concerto C, Lanza G, Fisicaro F, Pennisi M, Rodolico A, Torrisi G, Bella R, Aguglia E

ABOUT COVER

Editorial Board Member of *World Journal of Clinical Cases*, Raden Andri Primadhi, MD, PhD, Assistant Professor, Surgeon, Department of Orthopaedics and Traumatology, Universitas Padjadjaran Medical School, Hasan Sadikin Hospital, Bandung 40161, Indonesia. randri@unpad.ac.id

AIMS AND SCOPE

The primary aim of *World Journal of Clinical Cases* (WJCC, *World J Clin Cases*) is to provide scholars and readers from various fields of clinical medicine with a platform to publish high-quality clinical research articles and communicate their research findings online.

WJCC mainly publishes articles reporting research results and findings obtained in the field of clinical medicine and covering a wide range of topics, including case control studies, retrospective cohort studies, retrospective studies, clinical trials studies, observational studies, prospective studies, randomized controlled trials, randomized clinical trials, systematic reviews, meta-analysis, and case reports.

INDEXING/ABSTRACTING

The WJCC is now indexed in Science Citation Index Expanded (also known as SciSearch®), Journal Citation Reports/Science Edition, Scopus, PubMed, and PubMed Central. The 2021 Edition of Journal Citation Reports® cites the 2020 impact factor (IF) for WJCC as 1.337; IF without journal self cites: 1.301; 5-year IF: 1.742; Journal Citation Indicator: 0.33; Ranking: 119 among 169 journals in medicine, general and internal; and Quartile category: Q3. The WJCC's CiteScore for 2020 is 0.8 and Scopus CiteScore rank 2020: General Medicine is 493/793.

RESPONSIBLE EDITORS FOR THIS ISSUE

Production Editor: Hua-Ge Yin, Production Department Director: Xiang Li, Editorial Office Director: Jin-Lai Wang.

NAME OF JOURNAL

World Journal of Clinical Cases

ISSN

ISSN 2307-8960 (online)

LAUNCH DATE

April 16, 2013

FREQUENCY

Thrice Monthly

EDITORS-IN-CHIEF

Bao-Gan Peng, Jerzy Tadeusz Chudek, George Kontogeorgos, Maurizio Serati, Ja Hyeon Ku

EDITORIAL BOARD MEMBERS

<https://www.wjgnet.com/2307-8960/editorialboard.htm>

PUBLICATION DATE

June 16, 2022

COPYRIGHT

© 2022 Baishideng Publishing Group Inc

INSTRUCTIONS TO AUTHORS

<https://www.wjgnet.com/bpg/gerinfo/204>

GUIDELINES FOR ETHICS DOCUMENTS

<https://www.wjgnet.com/bpg/GerInfo/287>

GUIDELINES FOR NON-NATIVE SPEAKERS OF ENGLISH

<https://www.wjgnet.com/bpg/gerinfo/240>

PUBLICATION ETHICS

<https://www.wjgnet.com/bpg/GerInfo/288>

PUBLICATION MISCONDUCT

<https://www.wjgnet.com/bpg/gerinfo/208>

ARTICLE PROCESSING CHARGE

<https://www.wjgnet.com/bpg/gerinfo/242>

STEPS FOR SUBMITTING MANUSCRIPTS

<https://www.wjgnet.com/bpg/GerInfo/239>

ONLINE SUBMISSION

<https://www.f6publishing.com>



Neuroendocrine tumour of the descending part of the duodenum complicated with schwannoma: A case report

Lu Zhang, Chi Zhang, Shu-Yan Feng, Pan-Pan Ma, Shuo Zhang, Qian-Qian Wang

Specialty type: Gastroenterology and hepatology

Provenance and peer review:

Unsolicited article; Externally peer reviewed.

Peer-review model: Single blind

Peer-review report's scientific quality classification

Grade A (Excellent): 0

Grade B (Very good): 0

Grade C (Good): 0

Grade D (Fair): D, D, D

Grade E (Poor): 0

P-Reviewer: Cerwenka H; Austria, Endo S; Japan, Symeonidis N; Greece

Received: November 21, 2021

Peer-review started: November 21, 2021

First decision: December 26, 2021

Revised: January 6, 2022

Accepted: April 4, 2022

Article in press: April 4, 2022

Published online: June 16, 2022



Lu Zhang, Chi Zhang, Shu-Yan Feng, Pan-Pan Ma, Shuo Zhang, Qian-Qian Wang, Department of Gastroenterology, The First Affiliated Hospital, Zhejiang Chinese Medical University, Hangzhou 310006, Zhejiang Province, China

Corresponding author: Qian-Qian Wang, Doctor, Department of Gastroenterology, The First Affiliated Hospital, Zhejiang Chinese Medical University, No. 54 Youdian Road, Shangcheng District, Hangzhou 310006, Zhejiang Province, China. w18072348608@163.com

Abstract

BACKGROUND

No known case of neuroendocrine tumour (NET) with schwannoma has been reported.

CASE SUMMARY

A 63-year-old female presented to our hospital with nausea and vomiting. Upper gastrointestinal endoscopy revealed a mass in the descending part of the duodenum. Using ultrasound gastroscopy, we found that the tumour originated from the submucosa and showed low echo. We removed the tumour by electrocoagulation and sent it for pathological biopsy.

CONCLUSION

Immunohistochemical results showed that the mass was a rare NET with neurilemmoma.

Key Words: Neuroendocrine tumour; Schwannoma; Duodenum; Endoscopy; Immunohistochemistry; Trap with current; Case report

©The Author(s) 2022. Published by Baishideng Publishing Group Inc. All rights reserved.

Core Tip: Neuroendocrine tumours (NETs) and schwannomas of the duodenum are quite rare and few clinical cases have been reported. To the best of our knowledge, this is the first publication of a NET of descending duodenum complicated with schwannoma. Through a review of relevant literature, we can deepen the understanding of this type of tumour.

Citation: Zhang L, Zhang C, Feng SY, Ma PP, Zhang S, Wang QQ. Neuroendocrine tumour of the descending part of the duodenum complicated with schwannoma: A case report. *World J Clin Cases* 2022; 10(17): 5770-5775

URL: <https://www.wjgnet.com/2307-8960/full/v10/i17/5770.htm>

DOI: <https://dx.doi.org/10.12998/wjcc.v10.i17.5770>

INTRODUCTION

Neuroendocrine tumours (NETs) are rare tumours originating from neuroendocrine cells that account for approximately 2% of all malignant tumours, and approximately 50.6% of NETs are found in the digestive system; duodenal NETs are extremely rare, accounting for only 2%-3% of gastrointestinal NETs[1]. Schwannoma is a benign tumour originating from the nerve fibre sheath, accounting for approximately 5% of all soft tissue tumours; it is mostly located in the body surface and auditory nerve, less often in the digestive tract, and even more rarely in the duodenum[2].

CASE PRESENTATION

Chief complaints

One month of nausea and vomiting.

History of present illness

A 63-year-old female underwent upper gastrointestinal endoscopy at a local, grassroots hospital due to 1 mo of nausea and vomiting, and a large nodule was found in the descending part of the duodenum. The patient's faecal occult blood test was positive. The patient had obvious symptoms of nausea and vomiting, often vomiting with no stomach contents and had lost 2 kg of weight within a month. Before the operation, we administered symptomatic treatment, such as replenishing gastric protective fluid. After excluding relevant surgical contraindications, endoscopic examination was performed on the patient in our hospital, and we found a protuberant mass above the nodule of the descending duodenum, with a smooth surface and a diameter of approximately 0.5 cm. A 12 MHz ultrasound probe showed that the tumour originated from the submucosa and showed low echo. We used a nylon noose to trap the tumour, cut the bottom of the base by snaring with an electrocurrent, and clamped the wound with a titanium clip to stop the bleeding (Figure 1). To confirm the diagnosis, the excised specimens were sent for pathological examination and immunohistochemistry. One week after the operation, the patient recovered smoothly and was discharged from the hospital. The pathological results showed that the tumour in the descending part of the duodenum was a NET (grade 1) with schwannoma, and the cutting edge was negative (Figure 2). The results of immunohistochemical staining indicated that the tumour cells were positive for antigen KI-67, broad-spectrum cytokeratin, CD56, synaptophysin (Syn), chromogranin A (CgA), S-100, nerve specific enolase, CD68, CD163, and myoglobin and were negative for CD34, succinate dehydrogenase B, CD117, DOG-1, smooth muscle actin, desmin, cytokeratin (CK) 7, CK20, and myogenic differentiation 1 (Figures 3 and 4).

History of past illness

The patient has a history of infection with tuberculosis 40 years ago. The history of surgical trauma was bronchiectasis in 2015, hysterectomy and minimally invasive hysterectomy in 2020.

Personal and family history

Parents have a history of hypertension.

Physical examination

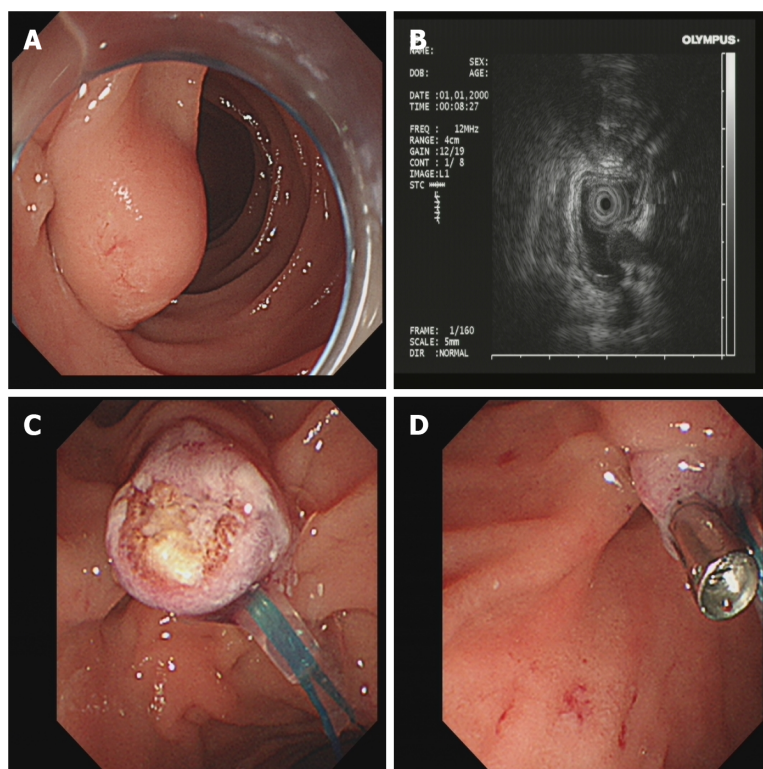
Mild tenderness in the abdomen, no rebound pain.

Laboratory examinations

Immunohistochemical results showed that the mass was a rare NET with neurilemmoma.

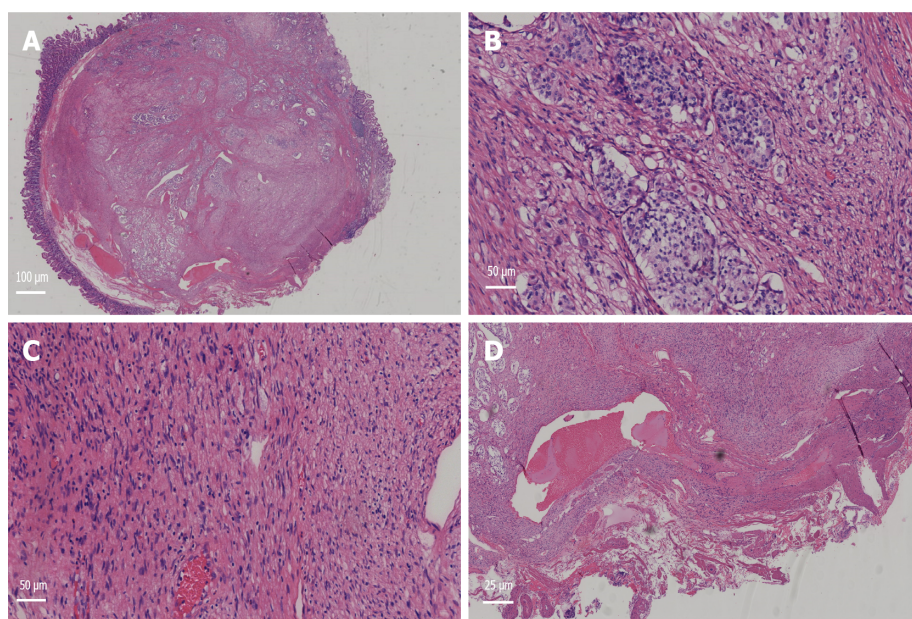
Imaging examinations

Mediastinal computed tomography (CT) showed no tumour metastasis.



DOI: 10.12998/wjcc.v10.i17.5770 Copyright ©The Author(s) 2022.

Figure 1 Endoscopic resection of the tumour. A: Tumour in the descending part of the duodenum in the natural state; B: Using endoscopic ultrasonography to explore the tumour; C: Endoscopic electrocoagulation for resection of the tumour; D: A titanium clip was used to clamp the wound to stop the bleeding.

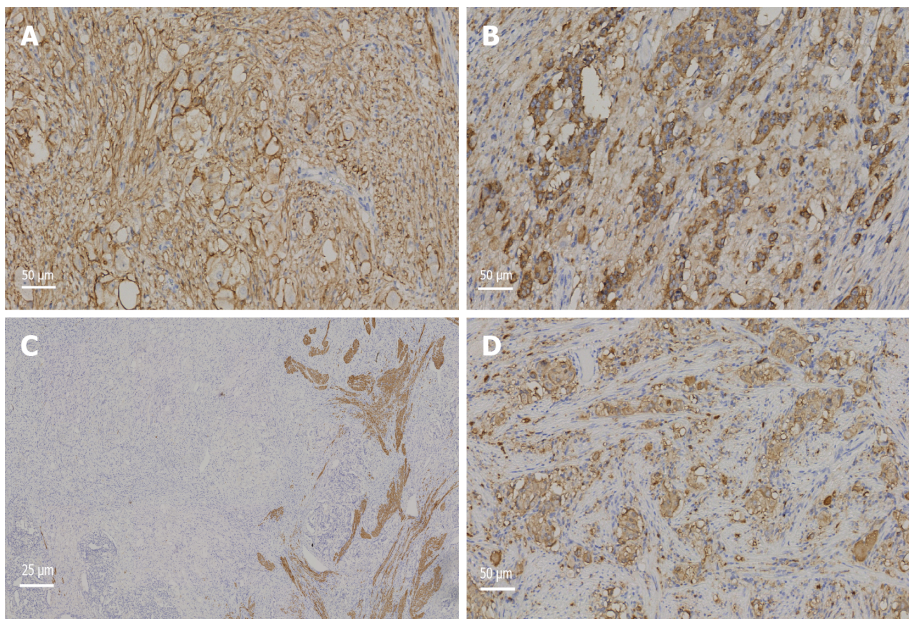


DOI: 10.12998/wjcc.v10.i17.5770 Copyright ©The Author(s) 2022.

Figure 2 Pathological manifestation of the tumour under a light microscope. A: Pathological tissue (Magnification: 100 ×). The lower right corner is the nesting tissue of the schwannoma, and the rest is the vesicle-like tissue of the neuroendocrine tumour; B: Neuroendocrine tumour tissue (Magnification: 200 ×); C: Schwannoma tissue (Magnification: 200 ×); D: The vertical incisional margin was negative, and there was no lymphatic vascular invasion (Magnification: 400 ×).

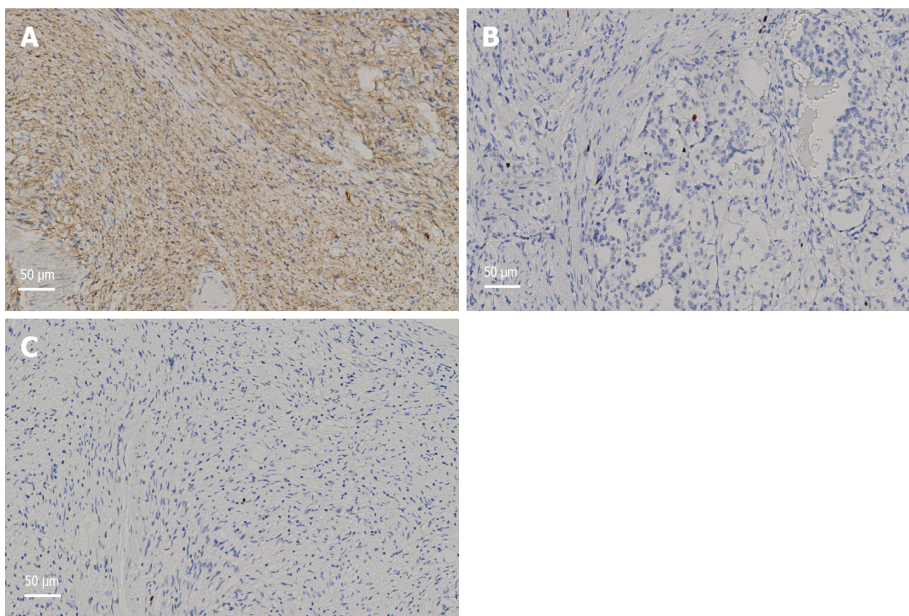
MULTIDISCIPLINARY EXPERT CONSULTATION

Because this patient does not have other systemic diseases, multidisciplinary experts were not invited to discuss it.



DOI: 10.12998/wjcc.v10.i17.5770 Copyright ©The Author(s) 2022.

Figure 3 Immunohistochemical neuroendocrine tumour results. A: CD56⁺ (Magnification: 200 ×); B: Chromogranin A⁺ (Magnification: 200 ×); C: Desmin⁺ (Magnification: 400 ×); D: Synaptophysin⁺ (Magnification: 200 ×).



DOI: 10.12998/wjcc.v10.i17.5770 Copyright ©The Author(s) 2022.

Figure 4 Immunohistochemical results. A: S100⁺ expression in schwannoma (Magnification: 200 ×); B: The antigen Ki-67 index of the neuroendocrine tumour was approximately 1% (Magnification: 200 ×); C: The Ki-67 index of the schwannoma was approximately 1% (Magnification: 200 ×).

FINAL DIAGNOSIS

NET of the descending part of the duodenum complicated with schwannoma.

TREATMENT

We removed the tumour by electrocoagulation and gave the patient some other symptomatic treatment to help stopping vomiting and protect the stomach.

OUTCOME AND FOLLOW-UP

Mediastinal CT showed no tumour metastasis, and the prognosis of the patient is good.

DISCUSSION

There may be rare cases of NETs with schwannoma in the descending part of the duodenum worldwide, but there are no clinical reports. To the best of our knowledge, this is the first clinical case report of a duodenal NET complicated with schwannoma, which has high clinical value. Endoscopic NETs and schwannomas of the duodenum do not have specific features and are often mistaken for enlarged duodenal papilla, resulting in missed diagnosis and worsening of the disease. Endoscopic ultrasonography (EUS) is of high value in the diagnosis of these two kinds of tumours. Under EUS, most of the lesions are hypoechoic lesions originating from the submucosa, with clear boundaries and homogeneous internal echoes, which is consistent with our ultrasound results[3]. Duodenal schwannoma is extremely rare in gastrointestinal mesenchymal tumours, and only a few cases have been reported thus far. Duodenal neurilemmoma is often found by accident and is difficult to diagnose before surgery. There was no typical duodenal schwannoma under ordinary endoscopy. Due to the rare nature of duodenal schwannoma, no typical endoscopic ultrasonographic features have been reported [4]. The immunohistochemical results of the specimen remain the gold standard for diagnosis. NET cells are often positive for CgA, CD56, CK, and Syn, while schwannoma cells are often positive for S-100[5], which is consistent with our immunohistochemical results. Endoscopic treatment is usually the first choice for gastrointestinal NETs or schwannomas with diameters less than 1 cm, as it does not invade the lamina propria and because endoscopic treatment has the characteristics of less trauma, less cost, good prognosis, and easy follow-up after the operation[6]. It has been reported that snare polypectomy has a very high complete resection rate of gastrointestinal NETs (93.8%), and this rate may be high for several reasons. First, decoy polypectomy is more commonly used in smaller tumours (< 5.2 mm), and the appearance of polyps is more likely to be limited to the mucosa. The second reason is that electrosurgical devices, such as argon plasma coagulators, damage a larger field of vision during treatment. Therefore, for some small gastrointestinal NETs with specific shapes, the use of decoy electrocoagulation is completely effective[7]. In this case, we used EUS to determine the lesion level and endoscopic electrocoagulation for R0 resection, suggesting the feasibility and broad prospect of early endoscopic diagnosis and treatment of the tumour. The KI-67 index of the specimen was approximately 1%, suggesting that the NET phase was G1. In addition, we examined the vertical edge of the specimen with a high-power microscope. The vertical edge was negative, and there was no lymphatic invasion, which proved that we successfully removed the tumour completely. Mediastinal CT showed no tumour metastasis, and the prognosis of the patient is good.

CONCLUSION

To the best of our knowledge, this is the first publication of a neuroendocrine tumour of descending duodenum complicated with schwannoma. We removed the tumour by electrocoagulation completely and the patient recovered and was discharged.

FOOTNOTES

Author contributions: Zhang L and Zhang S were involved in the conception of the study; Zhang L and Zhang C were involved in writing the article; Zhang L, Ma PP, Feng SY, Wang QQ and Zhang S critically revised the manuscript; all authors read and approved the final manuscript.

Supported by the National Natural Science Foundation of China, No. 82074214; and the Research Fund Project of Zhejiang Chinese Medical University, No. 2019ZY02.

Informed consent statement: Informed written consent was obtained from the patient for publication of this report and any accompanying images.

Conflict-of-interest statement: The authors declare that they have no conflict of interest.

CARE Checklist (2016) statement: The authors have read the CARE Checklist (2016), and the manuscript was prepared and revised according to the CARE Checklist (2016).

Open-Access: This article is an open-access article that was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution NonCommercial (CC BY-

NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: <https://creativecommons.org/licenses/by-nc/4.0/>

Country/Territory of origin: China

ORCID number: Lu Zhang 0000-0001-7726-4846; Chi Zhang 0000-0002-8983-206X; Shu-Yan Feng 0000-0003-4787-2765; Pan pan Ma 0000-0003-1193-9454; Shuo Zhang 0000-0003-1120-5872; Qian-Qian Wang 0000-0002-5889-5316.

S-Editor: Guo XR

L-Editor: Filipodia

P-Editor: Guo XR

REFERENCES

- 1 **Oronsky B**, Ma PC, Morgensztern D, Carter CA. Nothing But NET: A Review of Neuroendocrine Tumors and Carcinomas. *Neoplasia* 2017; **19**: 991-1002 [PMID: 29091800 DOI: 10.1016/j.neo.2017.09.002]
- 2 **Madero Velázquez L**, Uceda F, Buendía L. Duodenal schwannoma, an infrequent entity. *Rev Esp Enferm Dig* 2021; **113**: 548-549 [PMID: 33244978 DOI: 10.17235/reed.2020.7371/2020]
- 3 **De Angelis C**, Manfrè SF, Bruno M, Pellicano R. Hegemony and cost-effectiveness of endoscopic ultrasound (EUS) in the field of gastroenteropancreatic-neuroendocrine tumors (GEP-NETs). *Minerva Med* 2014; **105**: 363-370 [PMID: 25325565]
- 4 **Mori Y**, Kurita A, Yazumi S. Gastrointestinal: Schwannoma of the duodenum. *J Gastroenterol Hepatol* 2020; **35**: 1855 [PMID: 32390278 DOI: 10.1111/jgh.15075]
- 5 **Bellizzi AM**. Immunohistochemistry in the diagnosis and classification of neuroendocrine neoplasms: what can brown do for you? *Hum Pathol* 2020; **96**: 8-33 [PMID: 31857137 DOI: 10.1016/j.humpath.2019.12.002]
- 6 **Scherübl H**, Cadiot G. Early Gastroenteropancreatic Neuroendocrine Tumors: Endoscopic Therapy and Surveillance. *Visc Med* 2017; **33**: 332-338 [PMID: 29177161 DOI: 10.1159/000459404]
- 7 **Sun W**, Wu S, Han X, Yang C. Effectiveness of Endoscopic Treatment for Gastrointestinal Neuroendocrine Tumors: A Retrospective Study. *Medicine (Baltimore)* 2016; **95**: e3308 [PMID: 27082572 DOI: 10.1097/MD.0000000000003308]



Published by **Baishideng Publishing Group Inc**
7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA

Telephone: +1-925-3991568

E-mail: bpgoffice@wjgnet.com

Help Desk: <https://www.f6publishing.com/helpdesk>

<https://www.wjgnet.com>

