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## Ganglioneuroma of the Fallopian Tube

### A Heretofore Unreported Finding

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*Summary.* Report of a case of ganglioneuroma of the Fallopian tube which was an asymptomatic incidental finding in a multiparous female.

*Zusammenfassung.* Bericht über ein Ganglioneurom in der Tuba Fallopii als symptomloser Zufallsbefund bei einer Multipara.

**Key-Words:** Ganglioneuroma — Fallopian Tube.

The purpose of this paper is to report a case of ganglioneuroma of the Fallopian tube, which was an asymptomatic incidental finding in a multiparous female. Ganglioneuroma of the fallopian tube has, to our knowledge, not been reported.

### Case Report

A 26-year-old multiparous female patient was admitted for elective tubal ligation. The surgical procedure was uneventful, as was also the recovery.

The surgical specimens consisted of two irregularly shaped pieces of firm tissue, one designated right and the other left Fallopian tube segment.

The specimens were grossly unremarkable. Microscopic sections revealed no change in the right Fallopian tube segment. The left Fallopian tube segment was unremarkable save for the presence within the wall of a discrete tumor mass. The tumor was well demarcated from the surrounding tube parenchyma. It was composed of fasciculated spindle cells coursing in broad arcades, and enclosing numerous well formed ganglion cells. The spindle cell component showed nuclear palisading Antoni A and Antoni B areas (Fig.1). Axon stains revealed an abundance of irregularly intertwining axons, which appeared to run in all directions without pattern. Occasional retraction bulbs were seen in apposition to ganglion cells (Fig.2). Nissl substance was noted in ganglion cells (Fig.3).

The diagnosis of ganglioneuroma of the Fallopian tube was established.

### Discussion

Amongst the sites of occurrence the posterior mediastinum ranks first. 62 of the 243 cases reviewed by Stout occurred in the mediastinum. 44 in the lumbar region and 32 in the pelvic region. 6 were reported in the ovary and 4 in the uterus, none were seen in the Fallopian tube. 1 was reported in the vulva. The remainder of the cases occurred in other sites. Carpenter and Kernohan reviewed 21 cases and have not reported ganglioneuroma in the Fallopian tube. Peregó in his review has reported no such site of origin nor have Bruni *et al.* in their extensive study. In as much as in our case it was an incidental finding unrelated to the reason for

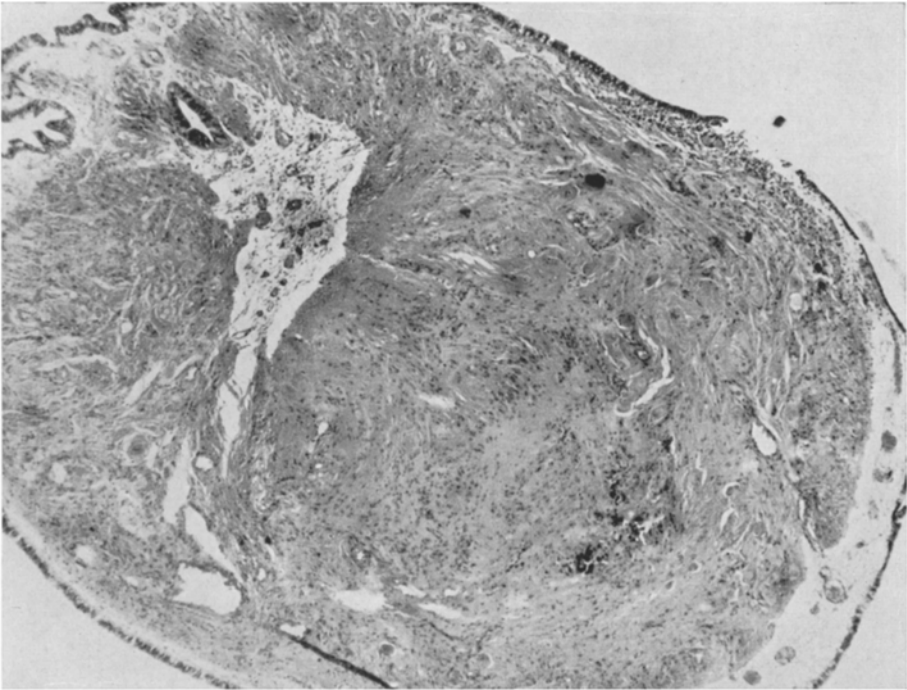


Fig. 1. Section shows a spindle cell tumor mass within the wall of the Fallopian tube. Between fascicles of spindle cells, ganglion cells may be seen

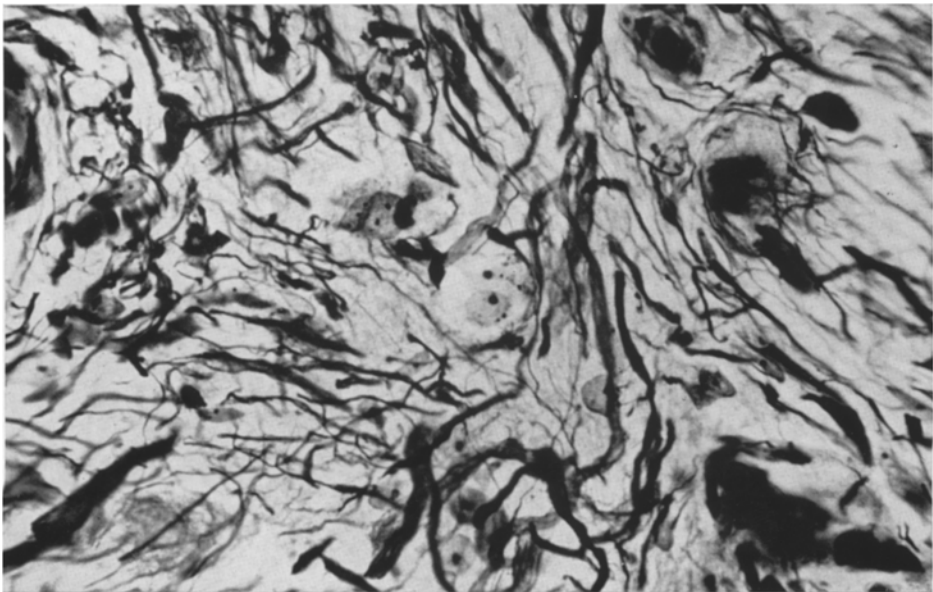


Fig. 2. Axon stain demonstrates irregular course of axons and occasional retraction bulbs

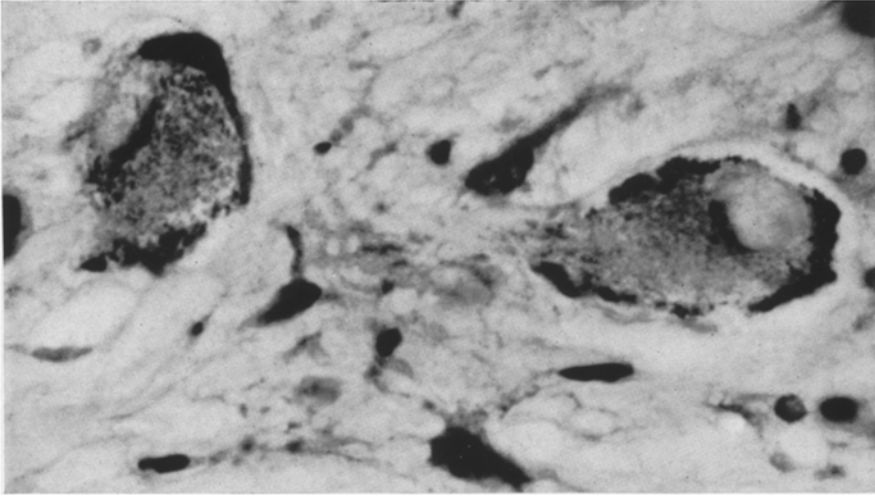


Fig.3. Mature ganglion cells containing Nissl substance. H. & E.

the surgery, we have no knowledge as to how long the tumor was present. All of the tumors reported in the above studies were grossly visible. The majority produced clinical symptoms and interfered with function. We must assume the one described in our case to be newly developing and fortuitously removed before it could become symptomatic.

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