Int. J. Curr. Res. Med. Sci. (2018). 4(7): 38-41

International Journal of Current Research in Medical Sciences

ISSN: 2454-5716

P-ISJN: A4372-3064, E -ISJN: A4372-3061

www.ijcrims.com

Case Report

Volume 4, Issue 7 -2018

DOI: http://dx.doi.org/10.22192/ijcrms.2018.04.07.008

Schwannoma of Tongue- A Rare Entity

Dr.P.Manasa, MDS*,

Oral Medicine and Radiology, Meghna Institute of Dental Sciences, Nizamabad, Telangana, India

Dr.M.Mahesh, MDS,

Oral Medicine and Radiology, Meghna Institute of Dental Sciences, Nizamabad, Telangana, India.

E-mail: *mahesh8550@gmail.com*

Divya Shree .P,

Post Graduate Student, Oral Medicine and Radiology, SVS Institute of Dental Sciences, Telangana.

*Corresponding Author: **Dr. P. Manasa**

H. No 1-7-1196/ b3, Lalitha Residency, Advocates colony, Balasamudram, Hanamkonda, Warangal, Telangana, India. 506001

E-mail: *poosamanasa@gmail.com*

Abstract

Schwannomas are uncommon neoplasms derived from Schwann cells. These solitary benign tumours are encapsulated, slow-growing. These neoplasm's are most common in the head and neck region, tongue is the most common location in the oral cavity. These neoplasms, although rare, should be considered in the differential diagnosis of slow-growing masses of an oral cavity. The growth of these tumors can causes displacement and compression of the nerve of the origin. We report a rare case of schwannoma of the tongue in an 18-year-old male complaining of asymptomatic swelling over a posterolateral surface of the tongue, treated by complete surgical excision. The diagnosis was established on the basis of clinical and histopathological examination.

Keywords: histopathology, Schwannoma, tongue.

Introduction

Benign encapsulated tumor of Schwann cell present in nerve sheath is schwannoma [1]. They are also named as neurilemmoma, neurinoma, and Schwann cell tumor [2]. The most common site of origin is in the head and neck region [3]. Tongue is the most common site followed by palate, floor of mouth, buccal mucosa, and mandible in the oral cavity [4]. Schwannomas are more frequent between second and fourth decade of life, with no predilection for gender or race. The etiology is unknown, but it is postulated that the lesion arises by proliferation of Schwann cells inside the perineurium. The lesion causes the displacement and compression of the surrounding normal nerve tissue [5, 6].

Clinically, the benign schwannoma is a slow-growing solitary encapsulated nodular lesion, which is asymptomatic, although pain and paresthesia may occur in few cases [7].

The clinical differential diagnosis includes other benign tumoral lesions such as fibroma, lipoma, neurofibroma, or salivary glands tumor. The preoperative diagnosis is quite difficult [8] and histopathological evaluation is the key to diagnosis of this tumor [7] .The histological differential diagnosis is made with other neural origin lesions, which could be neurofibroma and neuroma, muscular or fibroblastic origin tumor [7,9].

Histopathological examination reveals well-circumscribed lesion composed of spindle-shaped cells arranged in fascicles and palisading sheets. Both cellular and hypocellular areas (Antoni A and Antoni B) are seen with a predominance of cellular areas. Diffuse positivity for S-100 protein will be seen in immunohistochemistry. The goal for treatment is complete excision, which results in low rates of recurrence.

The objective of this study is to report an unusaual clinical case of benign schwannoma located at the tongue, whose diagnosis was established upon clinical and histological findings.

Case Report

We present an 18-year-old male patient who presented to the department of oral medicine and radiology with chief complaint of an asymptomatic slow-growing painless mass on the left posteriolateral surface of tongue since 1 year. His medical, family and personal history was non contributory. Intra oral examination revealed a well-circumscribed, non-tender, non-compressible, non-reducible, non-fluctuant palpable mass involving the lateral tongue on left side measuring 1.5 cm in size (Figure 1). Adjacent oral mucosa revealed no abnormalities. Tongue mobility was normal. No difficulty in chewing, swallowing, and phonation. No cervical lymphadenopathy was evident. The clinical differential diagnosis included fibroma, lipoma, and neurofibroma. Excisional biopsy (Figure 2, 3) was done under local anesthesia, followed by histopathological examination. Microscopic findings revealed well defined mass of neural tissue surrounded by a fibrous capsule consisting of perineurium. The tumour mass showed proliferation of neural cells and were arranged in the pattern of alternating antoni A and B areas. Antoni A areas were composed of compact spindle cells that were with indistinct cytoplasmic borders and twisted nuclei forming characteristic verocay bodies. These verocay bodies were formed by two compact rows of well aligned nuclei separated by fibrillar cell process. Antoni B cells were less frequently seen suggesting schwannoma.

Figure 1 Slow growing painless mass on tongue

Figure 2 Surgical excision of lesion

Figure 3 Showing the specimen

Figure 4 Post operative picture of tongue

Conclusion

Schwannoma of the tongue is a relatively rare tumor of head and neck which is often not taken into account during routine clinical practice. A careful consideration is required as it is indistinguishable from other benign neoplasms. The final diagnosis should be done after histopathological examination and in some cases after immunohistochemistry analysis. Schwannomas are treated by complete surgical excision and reoccurrence is rare. Malignant transformation of schwannoma is rare.

References

1. Zachariades N. Schwannoma of the oral cavity. Review of the literature and report of a case. J Oral Med 1984; 39:41-3.
2. Artzi Z, Taicher S, Nass D. Neurilemmoma of the mental nerve. J Oral Maxillofac Surg 1991; 49:196-200.
3. Williams HK, Cannell H, Silvester K, Williams DM. Neurilemmoma of the head and neck. Br J Oral Maxillofac Surg 1993; 31:32-5.
4. Pfeifle R, Baur DA, Paulino A, Helman J. Schwannoma of the tongue: Report of 2 cases. J Oral Maxillofac Surg 2001; 59:802-4.
5. Hatziotis JC, Asprides H. Neurilemmoma (schwannoma) of the oral cavity. Oral Surg 1967; 24:510-26.
6. Zachariades N, Mezitis M, Vairaktaris E, Triantafyllou D, Skoura- Kafoussia C, Konsolaki-Agouridaki E, *et al*. Benign neurogenic tumors of the oral cavity. Int J Oral Maxillofac Surg 1987; 16:70-6.
7. Das Gupta TK, Brasfield RD, Strong EW, Hadju SI. Benign solitary schwannomas (neurilemmomas). Cancer 1969; 24:355-66.
8. Wright BA, Jackson D. Neural tumors of the oral cavity: A review of the spectrum of benign and malignant oral tumors of the oral cavity and jaws. Oral Surg Oral Med Oral Pathol Oral Radiol Endod 1980; 49:509-22.
9. Requena L, Sangueza OP. Benign neoplasms with neural differentiation: A review. Am J Dermatopathol 1995; 17:75-96.

Access this Article in Online	
	Website: www.ijcrims.com
Quick Response Code	Subject: Dental Sciences

How to cite this article:
P.Manasa, M.Mahesh, Divya Shree .P. (2018). Schwannoma of Tongue- A Rare Entity. Int. J. Curr. Res. Med. Sci. 4(7): 38-41.
DOI: http://dx.doi.org/10.22192/ijcrms.2018.04.07.008