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Case Report

SCHWANNOMA OF MENTAL REGION, A CLINICAL RARITY: REPORT OF A CASE

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ABSTRACT

Schwannoma (Neurilemmoma) is a benign nerve sheath tumor that is composed entirely of well differentiated Schwann cells. It is important to highlight that the Schwannoma is usually found in the head and neck, and rarely in the oral cavity. They are usually asymptomatic, do not recur, and malignant transformation is rare.
Here we report an extremely rare case of schwannoma of mental nerve in anterior region of the jaw since past three months. Complete excision of the mass was performed under General Anesthesia with no inadvertent complications.

INTRODUCTION

Schwannoma or neurilemmoma is a rare benign neurogenic neoplasm composed of schwann cells (nerve sheath). It is usually slow growing, solitary, well demarcated and encapsulated. Approximately 25-40% of all cases involve the head and neck, of which 1%are located in the oral cavity. Its occurrence in the region of mental nerve is extremely rare.

This tumor usually appears between 2nd and 4th decade of life with no predilection for gender or race.

Treatment involves complete excision of tumor, which results in a very low recurrence rate.

Case Report

A 53 year old male patient reported to our out patient department with chief complaint of palpable growth / lump in relation to anterior region of lower jaw since past 3 months.

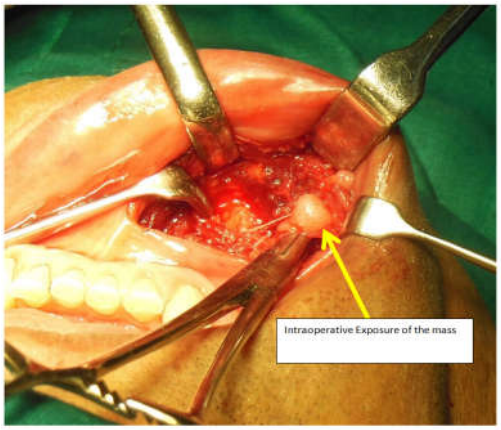
The mass was tender on palpation, and its size had not increased or decreased from the time it was first noticed.

The patient did not give any history of pus discharge or blood discharge from the skin or intraorally. No history of trauma to that region present. No evidence of any paresthesia in that region.

Clinical examination revealed a small palpable mass around 0.5cm in the right side mental region. The mass was not attached to underlying bone. The adjacent oral mucosa revealed no abnormalities. All routine blood and biochemical investigations were within normal limits.

Ultrasound neck was performed which showed a well defined cyst measuring 4.7mm*4.0mm noted along right side of mandible. There was no evidence of underlying bone scalloping.

Patient was taken up for excision of the tumor mass under GA, the mass was excised by intraoral approach.



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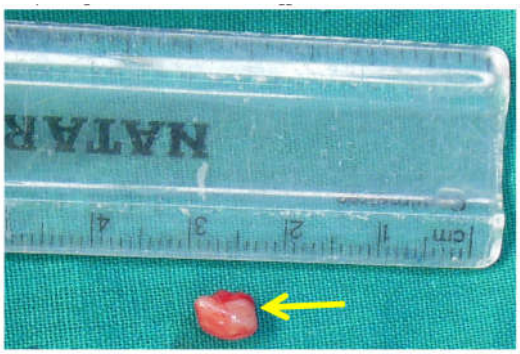
There was a well encapsulated single pinkish mass involving the right mental region and measured around 0.5cm*0.5cm. The mass was sent for histopathological examination which was suggestive of schwannoma.



Excised Mass

It showed encapsulated mass with alternating patterns comprising of short interlacing fascicles of compact spindles shaped schwann cells constituting Antony A areas and myxoidhypocellular matrix, constituting Antoni B areas. The spindle cells showed the presence of Verocay bodies. Patients recovery was uneventful.

DISCUSSION

The schwannoma is also called as neurilemmoma, neurinoma, perineuralfibroblastoma and is a solitary, slow growing, usually encapsulated, generally asymptomatic neural tumour. It can present at any age, however it is more common between the second and third decade of life. The tumour is derived from the Schwann cell sheath, which enlarges, expands and causes displacement and compression of the nerve of origin. The present case occurred in the male patient, though literature showed female predilection.

The extracranialschwannoma occurs in head and neck region. The oral schwannomas usually present in soft tissue mainly the tongue, followed by palate and buccal mucosa, its occurrence in the mental region is extremely rare.

The present case was entirely soft tissue lesion well encapsulated without showing any signs of bony erosion.

On occasion, the tumour arises centrally with in bone and may produce bony expansion. Intraosseousschwannomas are commonly seen in the posterior mandible and usually appear as either unilocular or multilocularradioluciencies on radiographs. Pain and paresthesia are not unusual for intrabony tumors. In these cases differential clinical diagnosis of cysts and odontogenic tumors are commonly formulated.

The clinical differential diagnosis could be with any other benign neural tumoral lesion such as fibroma, lipoma, neurofibroma, salivary gland tumor.

The microscopic picture of schwannoma is characteristic and can seldom be confused with that of other lesions. Schwannomas are unilobular masses surrounded by a capsule of epineurium and residual nerve fibers often with the edge of the neoplasm attached to the peripheral nerve. The substance of the tumor is composed of a mixture of two cellular patterns Antoni A and AntoniB. Antoni A areas are composed of compact spindle cells with twisted nuclei arranged in bundles or fascicles. In highly differentiated areas there may be nuclear palisading and formation of verocay bodies, which are formed by alignment of two rows of nuclei and cell processes which assume oval shape. Antoni B variant is less cellular and less organized, representing degenerated Antoni A areas composed of haphazardly arranged spindle or oval cells within myxoid, loosely textured, hypocellular matrix punctuated by microcyst, inflammatory cells and delicate collagen fibers.

In the present case, the histologic analysis revealed Antony A and Antony B areas and formation of Verocay bodies.

Asaumi *et al*, in their study described ultrasonography, computed tomography and magnetic resonance imaging may be helpful in diagnostic and treatment tools, for the estimation of tumour margins and the determination of infiltration to surrounding structures. Magnetic Resonance Imaging was particularly helpful in showing the internal characteristic of the encapsulated mass. However, to rule out resorption due to a malignant tumor, computed tomography scans are useful. Although soft tissue schwannomas have no useful radiographic findings, in the rare case of intrabony (central) schwannoma the role of plain film radiography in verifying locations and determining extent should be appreciated. However most intra oral tumours present as relatively small lesions, establishing the differential diagnosis using ultrasonography, computed tomography and magnetic resonance imaging should not be considered as routine or necessary.

Local excision is the treatment of choice. The nonencapsulated form requires a margin of normal tissue and careful separation from the involved nerve is also necessary to preserve normal function. Recurrence is rare. Malignant transformation of a benign schwannoma is rare. In the present case connection with the nerve could not be seen, the mass was well encapsulated and could be totally excised.

CONCLUSION

The schwannoma present as slow growing painless swelling in the oral cavity or head and neck region not often encountered in clinical practice. This submucosal lesion must be differentiated from other benign lesions that also appear in the same regions. The final diagnosis can only be done after histopathological examination of the lesion. Prognosis is good and recurrence is unknown.

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