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Schwannoma of Neck

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ABSTRACT

Schwannomas are benign encapsulated nerve sheath neoplasms accounts for approximately 5% of all benign soft tissue tumors. Schwannomas are slowly enlarging, painless masses. Though neurologic findings are absent, because of mass effect, schwannoma may mimic other disease processes in head and neck and differential diagnosis may be difficult. The diagnosis is based on clinical suspicion, confirmed by imaging and histo-pathological evaluation. The treatment is complete surgical excision. Here we report a case of left sided neck Schwannoma.

INTRODUCTION

Schwannomas are usually solitary neoplasms arising from Schwann cells surrounding cranial, peripheral and autonomic nerves. Male and females are equally affected and patients usually present between 20 and 50 years of age(1). Schwannomas are classified according to their nerve of origin and their location in the head and neck region. Intratemporal , intracranial , orbital , parotid , sinonasal , parapharyngeal , posterior pharyngeal , skull base and cervical schwannomas have been reported(2) . Vestibular nerve is the most common site for head and neck schwannomas . The origin of cervical schwannomas is most commonly the vagus nerve, but cases involving the cervical sympathetic chain and cranial nerves IX, XI and XII have been reported . Patients generally present with a slow growing, solitary, painless neck mass. Symptoms associated with dysfunction of the involved nerve or compression of adjacent structures may also be present. Voice changes, dysphagia , palatal asymmetry and Horner's syndrome are examples . Malignant degeneration of these tumors is extremely rare. Clinical history, imaging and tissue sampling can help distinguish this entity from other neck masses, most specifically from paragangliomas . MRI serves a better option than CT scan in exploring extent of lesion. To date, preferred treatment of cervical schwannomas has been surgical excision.

CASE PRESENTATION

A 27 year old female muslim patient presented at VS Hospital, Ahmedabad with complaints of left sided neck swelling since 4 months. There was no history of trauma, insect bite,surgical intervention. The swelling was left sided, gradual onset , progressive in nature , not associated with pain , fever , cough , difficulty in swallowing , difficulty in breathing , change of voice and had not reduced in size with medications . On clinical examination, diffuse swelling present over left infraauricular region extending medially till left angle of mandible and posteriorly to left posterior triangle neck with normal overlying skin. Swelling was non warm , non tender , firm , non compressible , non reducible , non translucent without any fixity to overlying skin or underlying structures . No movement on coughing / respiration / deglutition noted.

USG Neck showed 31x 22 mm sized well defined hypoechoeic lesion presumptive of lymph node with loss of fatty hilum in left upper jugular chain with few subcm lymph node noted in bilateral upper jugular chain .

FNAC reveals benign spindle cell tumor, possibility of neural origin which was suggestive of Schwannoma.

MRI findings show well defined soft tissue lesion in left neck posterior carotid space with mild mass effect and extends superiorly along carotid vessels upto jugular foramina without any intracranial extension. Possibility of nerve sheath tumor like schwannoma was suggestive.



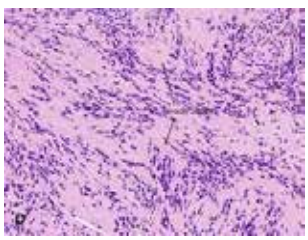
OPERATIVE NOTE

Under general anaesthesia – Transverse incision kept at left side neck; skin , subcutaneous tissue and sternocleidomastoid muscle cut with cautery. Encapsulated swelling visualized just posterior to internal jugular chain and above carotid bifurcation and anterior to spinal accessory nerve. Swelling separated from sur-

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rounding tissue along with capsule – surgically excised and sent for histo-pathological evaluation.





Post operative histo-pathological report show – BENIGN NERVE SHEATH TUMOR – SCHWANNOMA.

DISCUSSION

Neck schwannomas primarily locate in parapharyngeal space. As schwannomas grows around carotid artery, it may become palpable mass and patient may feel a lump in neck with or without hoarseness of voice or coughing. Neck pain has nothing to do with schwannomas. Schwannomas that develop around carotid artery may cause a displacement of both internal and external carotid artery. In early stage the disease is silent with no remarkable symptoms or signs but in later stages of disease symptoms and signs may include gradual and painless neck swelling,dysphagia , dyspnea in addition with paralysis of involved nerve may occur such as facial palsy, hoarseness , defective tongue movements and pain sensation due to sensory nerve involvement (3,4,5). Diagnosis is mainly based on clinical suspicion. CT and MRI scans reveal with remarkable precision the relationships and extent of the tumor. MRI is most preferred imaging modality with relatively low signal intensity on T1 weighted images and high signal intensity on T2 weighted images(6,7). MRI is useful for preoperative planning as it aids to rule out other pathologies. Angiography can be useful to rule out vascular tumor. FNAC has been recommended for accessible lesion as initial procedure, it has drawbacks in terms of accuracy and does not constitute an effective means of preoperative diagnosis (8,9). Schwannomas are usually nonrecurrent , so excision is efficient in 80-90% of cases .

CONCLUSION

Schwannomas are usually asymptomatic, non recurrent benign tumor and can go undetected for years.

Clinical history and radiographic findings on MRI can be sufficient for diagnosis. Surgical removal is best treating modality. Schwannomas are usually nonrecurrent, so prognosis is good.

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