



Schwannoma of Breast: A Review of 2 Cases

KEYWORDS

Dr. Mosam Shah

Postgraduate student Department of surgery, SBKS medical college and research Centre, pipariya, Vadodara, India

Dr Ramakant Manolkar

Associate professor Department of surgery, SBKS medical college and research Centre, pipariya, Vadodara, India

Dr Ketul Shah

Postgraduate student Department of surgery, SBKS medical college and research Centre, pipariya, Vadodara, India

Dr Ishaan Patel

Postgraduate student Department of surgery, SBKS medical college and research Centre, pipariya, Vadodara, India

Dr Hardik Patel

Postgraduate student Department of surgery, SBKS medical college and research Centre, pipariya, Vadodara, India

INTRODUCTION:

A benign tumour of Schwann cells of the peripheral nerve sheath called Schwannoma, also called neurilemoma or neuroma, [1] is mostly found in the head, neck, extensor and flexor surfaces of extremities, mediastinum, retro peritoneum and posterior nerve spinal roots [2,3]. But it is rarely found in the breast or stomach [4]. They may arise from either parasympathetic or sympathetic nerves of the autonomic nervous system. (5)

CASE REPORT:

Case 1:

60 year female patient noticed lump in left breast that was slowly growing over duration of 2 month. Then she came to opd to our hospital and presented with lump was elastically firm, tender, 12cm size and mobile, with slight pain but without skin findings. (Figure 1). Patient was operated for similar swelling 1 year back and was diagnosed having Schwannoma but did not take further treatment.



Figure 1: The mass was elastically firm, tender, 12cm size and mobile, with slight pain but without skin findings.

Ultrasound revealed an ovoid 12 cm heterogeneous solid hypoechoic nodule with well-defined, regular margins. The lesion contained some anechoic areas suggestive of cystic clefts which are consistent with sonographic features

of tumour. (Figure 2)

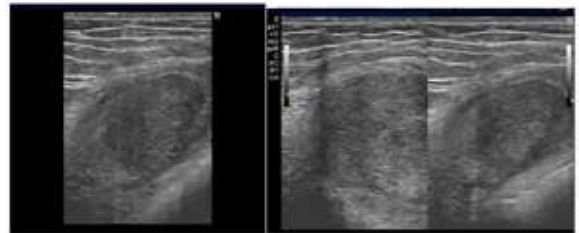


Figure 2: Ultrasound revealed an ovoid 12 cm heterogeneous solid hypoechoic nodule with well-defined, firm, fixed, well capsulated regular margins.



Figure 3: Intraoperative initially prepare for excision of swelling left upper quadrant of breast.



Figure 4: intraoperative shows swelling of left upper quadrant of breast and excised swelling seen.

Then we decided to performed whole excision of swelling of breast under GA. intraoperative there was seen as following. And histopath report confirmed suspected recurrent (Figure 3,4) Schwannoma. Microscopic evaluation showed an encapsulated spindle cell tumour with prominent nuclear palisading and features typical of a schwannoma. There was also strong and diffuse positive staining of S-100, favouring the diagnosis of schwannoma.



Figure 5: post-operative 3rd day check dressing was done.

There was no evidence of malignancy in the specimen. Then post-operative day 3rd check dressing was done (Figure 5).then patient follow up after 15 days suture was removed and symptomatically relief.

Case 2:

54 year female patient came with history of lump in left breast slowly progressive in nature since 1 month. On examination there was firm lump measuring about 8 * 6 cm

involving upper outer and inner quadrant. Lump was not adherent to skin or deeper structure. FNAC was suggestive of Schwannoma.

Patient after obtaining consent was operated and specimen was send for histopathology. Patient was discharged on 5th post operative day and on follow up at 14 th day suture removal was done. Histopath report was suggestive of Schwannoma.

MATERIAL AND METHODS

A review of 2 cases that came to our surgery OPD and treated at Dhiraj general hospital.

DISCUSSION

Schwannomas or neurilemmomas or neurinomas are the most common peripheral nerve tumours. (6)They commonly affect young adults, usually in the third decade of life. These slow-growing neoplasms arise from Schwann cells, which produce the insulating myelin sheath in peripheral nerves (7). They are mostly benign tumours that tend to favour nerves in the head and neck as well as the extremities. While Schwannomas may occur in any part of the body, they are extremely rare in the breast (8). Schwannomas tend to occur as solitary well-encapsulated masses. Sizes of the masses range from 0.7 to 11 cm with a mean and median size of 3.7 and 3 cm, respectively (9). Before histological correlation, breast Schwannomas tend to be mistaken for a range of pathologies ranging from benign fibro adenomas to cancer (10).

Our 1st patient noticed lump in left breast 1yr back and was operated by local excised 1yr back and histology report was benign Schwannomas. Then after 1yr she again noticed swelling on same side which was 12 cm size. And we performed whole excision of Lump . And histopath report confirmed suspected recurrent Schwannomas. Our 2nd patient came with complaints of lump in breast and was operated for schwannoma by excision of lump.

CONCLUSION

Schwannomas occurring in the breast are very rare and frequently mistaken for a range of benign to malignant lesions such as fibro adenomas, phylloides tumour, mesenchyme neoplasms or even breast epithelial cancers. They are largely benign slow-growing lesions and in the absence of distinguishing features on radiology or cytology, a non-operative mode of diagnosis such as a core needle biopsy or large-bore vacuum-assisted biopsy might be considered. In patients with neurofibromatosis where the risk of malignancy within a Schwannomas is higher. Ideal treatment of benign Schwannomas is excised of whole swelling and follow up once in year.

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