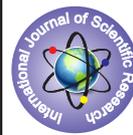


A RARE CASE OF SCHWANOMA NASAL VESTIBULE – CASE REPORT.



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KEYWORDS:

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INTRODUCTION

Schwannomas are benign encapsulated peripheral nerve sheath tumor arising from schwann cells. Schwannomas of the Sino-nasal cavity are extremely rare tumors and very few cases have been reported especially of the Vestibule. Nasal schwannomas accounts for less than 4% of benign solitary schwannoma of head and neck region (1) Most of these lesions are benign and recurrence after surgery is rarely seen. It is important to differentiate Schwannomas from Neurofibromas as the later has a tendency for malignant transformation whereas Schwannomas do not show any such tendency. These tumors in the nasal cavity usually arise from the Trigeminal nerve or the autonomic nerves of the region. Most of reported cases of these tumors arise from the nasal septum and no case arising from the Vestibule is known to the author. Here a case of Nasal Vestibular Schwannoma is being presented.

CASE REPORT

A 50 year old male came to our department OPD with complaints of progressively increasing mass coming out of left nasal cavity for the past two years, along with progressively increasing nasal obstruction. The mass has now increased to the size that it totally obstructs the left nasal cavity and patient is not able to breathe from it any more(photo-1). There were no complaints of Epistaxis, Nasal Discharge, Pain, Sneezing etc and also there was no swelling around the mass on the vestibule or the nose. The right nasal cavity was totally normal. When we examined the patient the mass was found to be attached to the lateral wall of the vestibule (on probing) and posterior limit could easily be reached from the medial side of the mass. The skin over the mass was freely mobile and the mass was freely mobile on the alar cartilages. No effect of the mass was seen on the outer side of the vestibule. No associated secondary masses were seen either on the vestibule or the septum.



A nasal endoscopy was carried out and both nasal cavities were found to be otherwise normal. Since the lesion was localised, well circumscribed no radiological investigation was done and patient was subjected for surgical excision after routine investigations. During excision an incision was made on the outer margin of the mass on the skin, the skin flap was easily elevated from the well encapsulated greyish white mass which did not have any strong attachment to the lateral wall either and was removed (size about 1.5cm X 1 cm X 1 cm) as a whole (photo-2). There was no significant

bleeding and the wound was stitched with 3-0 Vicryl. Nasal cavity was lightly packed which was removed after 48 hours and patient remained asymptomatic after that.

The histopathologist reported the cut surface of the mass to be solid, greyish white and on H & E staining showed mass formed of alternating Antoni A areas consisting of organised spindle cells with verocay bodies and Antoni B areas consisting of less cellular regions in which oval spindle cells arranged haphazardly in loose fibrous stroma, No cellular pleomorphism was seen, the conclusive impression of the lesion was described as Schwannoma (photo-3).

DISCUSSION

Sino nasal schwannoma is a rare benign peripheral nerve sheath tumour of Nose and Para nasal sinuses. A study conducted over five years by Shrinivas S et al, showed nasal schwannoma accounting for 2.4% of benign nasal masses. According to ten years study conducted by Vaideeswar P et al schwannoma formed 2.5% (three cases) of all Sino nasal tumours. Mey KH et al diagnosed and reported five cases of Sino nasal schwannoma over a period of 25 years. There is no age and sex predilection, but in paediatric age group it is extremely rare (1)

Schwannomas are considered to arise from peripheral motor, sensory, sympathetic and cranial nerve sheath. The first and the second cranial nerves do not have these Schwann cells hence they are not seen in these nerves, and because nasal schwannomas are sometimes removed without loss of original nerve functions, it becomes difficult to determine as to which nerve the schwannoma is arising. Nasal Schwannomas are presumed to be arising from the sheath of the ophthalmic and maxillary branches of the trigeminal nerve and autonomic ganglia(2) In the sinuses The ethmoidal sinus is most commonly involved, followed by the maxillary sinus, nasal fossa and sphenoid sinus.(3/4).

These tumors present with nonspecific symptoms resulting primarily from mass effect like nasal obstruction which is the commonest symptom followed by nasal discharge and sometimes epistaxis. Facial swelling and pain are usual symptoms of sinus involvement.

These lesions rarely undergo malignant transformation (5)

Although no CT scan or MRI was done in this case but Computerized tomography(CT) clearly differentiates the lesion from the surrounding cartilages and rules out invasion which favours the diagnosis of Schwannomas They also shows central lucency and peripheral enhancement after contrast administration, because peripheral neovascular areas of the tumor are enhanced in contrast with nonenhancing necrotic or cystic regions central areas.(6) Although magnetic resonance imaging (MRI) is superior in defining soft tissue tumors, CT offers better resolution of bony invasion. However, as benign schwannoma can erode bone by pressure, bony erosion is not a criterion for malignancy. (7) With either approach, final diagnosis rests solely on the histological examination.

The only treatment for schwannoma is wide local excision through an approach allowing adequate exposure as schwannoma are

generally radio resistant. (4/8) The functional and cosmetic factors must always be considered in treating these tumors and in cases of intranasal tumors Endoscopic Surgery should be considered for excision.

CONCLUSION

We report a case of 50 year old male who presented with nasal mass coming out of the left nasal cavity with nasal obstruction which was excised and histologically proved to be Schwannoma of the vestibule of nose. Nasal Schwannomas are rare benign nasal tumors of neural origin which are rarely seen in the nose and Para nasal sinuses, the possibility of their existence can only be proved by Histopathological examination and should be included in the differential diagnosis of nasal masses. This is probably the first case of schwannoma of the nasal vestibule to the best knowledge of the author.

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