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CERVICAL VAGAL SCHWANOMMA -A RARE CASE REPORT

Surgery

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KEYWORDS

INTRODUCTION-

Schwannoma originating from the cervical vagus nerve is extremely rare neoplasm.These are usually always benign.It usually occur between third and fifth decade and it does not show sex predilection,both sexes being equally affected.(1)MRI has become the routine imaging study ,it also help in planning optimal surgical treatment.MRI also helpful in defferentiating cervical sympathetic schwannoma and vagal schwannoma,as vagal schwannoma displace internal jugular vein laterally and carotid artery medially while cervical sympathetic schwannoma displace both internal jugular vein and carotid artery without separating them.

Clinically ,on palpating the mass paroxysmal cough will be present .(2) Treatment is complete surgical excision with preservation of neural pathway.

Case Report-

A 34 year old female admitted in our department for a palpable lumb in left side of neck for last two year with no significant past history . On palpation ,a smooth surface swelling of size 3*3 cm present in left lower cervical region .upon palpating the mass paroxysmal cough also elicited.

USG neck revealed heterogenously hypoechoic vascular lesion measuring 3.0*4.4*3.0 cms noted arising in the left carotid space just after carotid bifurcation splaying carotid and left internal jugular vein and calling mass effect on the jugular vein .? Vagal schwannoma ?carotid body tumor. CECT NECK shows a well defined lobulated heterogenously enhancing soft tissue with internal hypodense areas measuring approximately 2.9*2.7*3.5 is seen in the left carotid space causing anteromedial displacement of the left ICA and ECA .It is abutting left proximal ICA without luminal and causing mass effect over the left IJV and displacing it posterolaterally .features s/o left carotid space mass lesion likely neurogenic in origin (D/D 1.glomus vagal, 2.Carotid body tumor) .

MRI NECK shows ovoid lesion measuring 4.6*2.9*2.8 cm with well defined margins and apparent encapsulation without any invasive features. Carotid bifurcation + ICA and ECA are displaced anteromedially while compressed internal jugular vein is displaced posterolterally .these imaging finding s/o left vagal schwannoma.

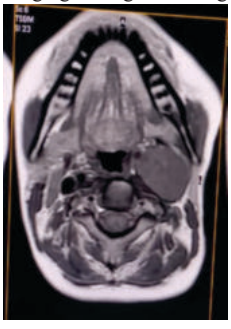

fig 1.1

Patient underwent complete excision of schwannoma with preservation of the neural pathway and vascular structures. Intraoperatively a yellowish white ,ovoid shape mass was observed measuring approx 4*4 cm lying between the carotid artery and the internal jugular vein . Schwannoma separated from surrounding by blunt and fine dissection and excised out completely .Post operatively patient has no complication ,and patient discharged on post op day 7 .
The pathological examination confirmed the diagnosis of benign schwannoma of the vagus nerve . Microscopic features shows tumor cell are arranged loosely in fibrillary eosinophilia background ,features are in favour of schwannoma

DISCUSSION:

Schwannoma are rare peripheral nerve tumor ,about one third occur in head and neck region. (3)Clinically they present as asymptomatic slow growing lateral neck mass that can be palpated along the medial border of the sternocleidomastoid muscle .schwannoma difficult to diagnose preoperatively as they do not present without any neurological symptoms.(3) Sometimes patient presents with hoarseness of voice.The reported incidence of preoperative vocal cord paralysis is about 12% but hoarseness is almost always present following surgery as far as concern postoperative vocal palsy , an incidence of 85% has been reported .(4)

The differential diagnosis of the tumor of neck includes paraganglioma ,brachial cleft cyst ,malignant lymphoma ,metastatic cervical lymphadenopathy .(5)

Furthermore ,since vagal schwannoma are almost invariably benign in nature ,a conservative approach should always be considered first. Fig -1.1

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