AN UNUSUAL PRESENTATION OF A LINGUAL SCHWANNOMA AT THE TIP OF THE TONGUE - A CASE REPORT

Dr. Anil S. Krishna¹, Dr. Bilahari N.²* and Dr. Savithry³

¹Consultant Oral Surgeon & Professor, Daya General Hospital, Thrissur.
²Reader and HOD, Department of Oral Medicine and Radiology, ST.Gregorios Dental College, Chelad.
³General Pathologist, Polyclinic Pvt Ltd, Thrissur.

*Corresponding Author: Dr. Bilahari N.

Reader and HOD, Department of Oral Medicine and Radiology, ST.Gregorios Dental College, Chelad.

ABSTRACT

Schwannomas are rare, solitary benign neoplasms of Schwann cells of the peripheral nerve sheath. 25-40% of schwannomas occur in head and neck with 1% of occurrence in oral cavity. Majority of the intraoral schwannomas are located on the tongue. Less commonly buccal mucosa, palate, floor of the mouth, gingiva and lips are also affected. Even though lateral dorsal and ventral surfaces of tongue are commonly affected, involvement of tip of the tongue is comparatively rare.

KEYWORDS: schwannoma, neurilemmoma, tongue, Schwann cells.

INTRODUCTION

A Schwannoma is a benign, encapsulated, slow growing tumor arising from the Schwann cells of the peripheral, cranial or autonomic nerves. It was first identified by Virchow in 1908. About Approximately 25-40% of all cases involve the head and neck, of which 1% are located in the oral cavity.¹ ² The tongue is unanimously considered the most frequent site at this level; however, the tip is the least affected part of the organ.³

Schwannoma originate more frequently from sensory nerves and can affect all cranial nerves, except the olfactory and optic, which are extensions of white matter from the brain. These tumors usually appear between the second and fourth decade of life, with no predilection for gender or race. The size and locations of lesions determine the presence and intensity of symptoms. The goal of treatment is complete excision, which results in low rates of recurrence.⁴ Here, we present an unusual case of lingual schwannoma at the tip of the tongue with a brief review.

CASE REPORT

An 18 year old male patient was referred to our department with a complaint of a nodular mass at the tip of the tongue. The mass was present for a long duration and the patient was not concerned at first. As the patient felt an increase in size for the past 5 months, he felt alarmed. The swelling was totally asymptomatic and did not hinder normal function of the patient. On examination, a submucosal swelling was present at the tip of the tongue measuring 2x3 cm. Overlying mucosa was normal and the swelling was firm in consistency. An incisional biopsy was performed after which the tumor proliferated onto the surface within a day. A histopathological report of schwannoma was given. The tumor was surgically excised under local anaesthesia. The tumor was well encapsulated and measured 2 cms in diameter. The gross specimen was sent for histopathological examination. Elongated schwann cells in palisading pattern were noted. Hence a diagnosis of Antoni A pattern schwannoma was confirmed.(Fig 1)
DISCUSSION

Schwannoma is a benign neural tumor and rarely occurs in the oral cavity. Even though tongue is the most common oral site, involvement of tip of the tongue is extremely rare, as seen in our case.

Clinically lingual schwannoma presents as a tumorous mass on the tongue. Based on the severity and site of occurrence, dysphagia, dysphonia, paraesthesia and rarely local pain can also occur. Our case was a nontender growth felt by the patient at the tip of the tongue which was in accordance with the normal presentation of a schwannoma.

Benign lesions such as granular cell tumors, salivary gland tumours, leiomyoma, rhabdomyomas, lymphangiomas, haemangioma, dermoid cysts, lipomas, inflammatory lesions, lingual thyroid and Malignant lesions such as squamous cell carcinomas and sarcomas should be considered in the differential diagnosis of this tumor.

Diagnosis is based on history, clinical examination and imaging. Ultrasonography, Computed Tomography and MRI aids in diagnosing the exact location and extent of the tumor. An incisional biopsy can be done to confirm the diagnosis.\[4\]

Histopathologically, two variants, Antoni A and B types of growth are evident. Type A consists of elongated schwann cells in palisading pattern, Type B is more myxoid and loosely arranged. Acellular eosinophilic areas of verocay bodies are present in between these cellular arrangements.\[4\] Our case was consistent with Antoni A pattern schwannoma.

Surgical excision or enucleation of the tumor is the choice of treatment. As schwannomas exhibit a high degree of radioresistance, radiation therapy is contraindicated. Prognosis is excellent as malignant transformation of schwannoma is rare.\[5\]

As reviewed by Lira et al, all the lingual schwannomas presented on the tongue, none occurred in tip of the tongue. There was no gender predilection. 71% of lingual schwannomas presented as a lump with no associated complaints and 11% were with dysphagia. Other features included dysphonia, snoring, local pain, bleeding and otalgia. One case was associated with paraesthesia of the tumor affected part of the tongue. The size of the tumor varied from 0.3 to 5 cms. Transoral approach was the preferred surgical choice of treatment, even though submandibular and transhyoid approaches were made in a couple of cases. Prognosis was good and there was no recurrence reported in any of the cases.\[4\]

CONCLUSION

Schwannoma, a benign nerve tumor rarely occurs in oral cavity with tongue being most affected. However tip of the tongue is very rarely affected. A careful diagnosis and proper surgical management helps in complete removal of this benign tumor.

REFERENCES