SCHWANNOMA OF UPPER LIP: - A RARE FINDING

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ABSTRACT
Schwannoma is a slow growing, encapsulated benign tumors that originates from Schawnna cells of the peripheral nerves. It is rarely present in oral cavity and most likely to found on the tongue and rarely on the lips. This case report presented a case of Schwannoma in 21 year old male patient which located in upper lip.

KEYWORDS: Neurilemma, Neuriomma and Schawanna cell tumor.

INTRODUCTION
Schwannoma is also known as Neurilemma, Neuriomma and Schawanna cell tumor.[1] Detailed information of Schwannoma was given by Verocay in 1910.[2] it is slow growing solitary and asymptomatic lesion with smooth shiny surface.[3] Etiology of this lesion is not clear but according to some authors it is originates from proliferated Schawanna cells in the perineural sheath.[3] It is mostly found in second and third decades of life and affects both sexes equally.[4] Its recurrence and malignant transformation is rare.

CASE REPORT
A 21 years old male patient reported to department of oral surgery with chief complaint of persistent swelling around of upper lip area since last two years. Patient history revealed that the swelling had gradually increased in size. He also gave history of trauma 7 year back and underwent root canal treatment and full crown restoration for 21 and 22. On intra oral examination, the swelling was 3cm.x2cm. in sized, oval in shaped, firm in consistency and relatively mobile with smooth surface present on the labial mucosa of upper anterior region.[fig.1] Swelling was not associated with pain, pus discharge or paraesthesia. His medical history was non contributory. Routine blood investigation showed normal limits. Provisional diagnosis was made as benign soft tissue neoplasm of oral cavity. In treatment lesion was surgically excised and biopsy tissue was send for histopathological and immunochemical examination.[fig.2] Histopathological examination showed tumor cells had arranged in Antoni type A and Antoni type B patterns.[fig.3 and fig.4] and immunochemical examination showed S100 positive reaction.[fig.5] Final diagnosis of Schawannoma was made based on after clinical, histopathological and immunochemical examination. Follow up visit healing was satisfactory and recurrence was not observed up to 6 months follow up.

Figs:
Fig 1: Intra oral view showing swelling of labial mucosa at site of lesion.
Fig 2: Excised lesion.
Fig 3: Histopathological view showing Antoni A type arrangement in which Schawannna cells are closely packed and arrange in bundles or rows.

Fig 4: Histopathological view showing Antoni B type arrangement in which Schawannna cells are less in number and arrange loose random fashion.

Fig 5: Showing S100 positive reaction in Schawannoma.

DISCUSSION

The pre operative diagnosis of Schawannoma is difficult because it gives similar clinical features related to other benign lesions oral cavity such as mucocele, fibroma, lipoma and benign salivary gland tumors. According to Gallo et al 45.2% cases involved tongue and 13.3% cases involved the cheeks. Wright and Jackson reported 146 cases of oral Schawnnoma which involved 52% tongue, 19.86% buccal mucosa, 8.9% soft palate and rest of 19.24% were in the gingiva and lips. In this case lesion was slow growing solitary and involved the upper lip.

Histopathologically this lesion is characterized by two types of tissue cells arrangement, proliferating tumor cells Antoni A and Antoni B type. In Antoni A type Schawnnna cells are closely packed and arrange in bundles or rows. They show hyper cellularity of tissue and a Verocary body was also formed. Antoni type B Schawnnna cells are less in number and arrange loose random fashion. They do not show any type of cell pattern and shows hypo cellularity of tissue.

It shows many type of variants such as conventional schawnnoma, cellular schawnnoma form, Plexiform schawnnoma and melanotic schawnnoma. In these variants conventional form is most common and mostly affected head, neck, flexor extremities and rarely visceral. Cellular form mostly affects posterior mediastinum and pelvis. Plexiform is small cutaneous tumor. The melanotic form is rare tumor which shows to involve spinal nerve and paraspinal ganglion.

In these variants of schawnnoma conventional form is mostly undergo to malignant transformation. When it undergo malignant transformation, it microscopically shows high grade malignant epitheloid cell with abundant of eosinophilic cytoplasma and prominent nuclei.

REFERENCES


