

Unusual Lip Mass: Schwannoma of the Upper Lip: Case Report

Nadir Görülen Üst Dudak Kitlesi: Schwannoma

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ABSTRACT Schwannomas are benign lesions of the peripheral nerve sheath. There are only a few cases of upper lip schwannomas in the literature. A male patient 23 years old, admitted to our clinic with mobile, non-tender, and 2x2 cm sized lip swelling. The mass was excised and the histological diagnosis was consistent with a schwannoma. Multinodular appearance was detected on microscopic evaluation. Most of the lip swellings are treated like a mucocele in outpatient clinics but the specimen should be examined carefully to differentiate the possible diagnosis.

Key Words: Neurilemmoma; mucocele

ÖZET Schwannomalar, periferik sinir kılıfından köken alan benign lezyonlardır. Literatürde yalnızca birkaç adet üst dudak schwannoması bildirilmiştir. Tüm schwannomaların yaklaşık %25 ile %45'i baş ve boyun bölgesinde görülür ve sıklıkla dördüncü dekatta ortaya çıkar. 23 yaşında erkek hasta, kliniğimize üst dudakta şişlik şikayeti ile başvurdu. Kitle, ağrısız, mobil, 2x2 cm boyutlarında idi. Kitle çıkarıldı ve patolojik tanı schwannoma ile uyumlu olarak bildirildi. Multinodüler görünüm mevcuttu. Poliklinik ortamında, birçok dudak kitlesi mukosel olarak değerlendirilmesine rağmen spesimenin histolojik incelenmesi tanı ve takip açısından çok önemlidir.

Anahtar Kelimeler: Nörilemmom; mukosel

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Peripheral nerve sheath tumors (PNST) are benign or malignant lesions of neural origin. Schwannomas, also known as neurilemmomas, are benign nerve-sheath tumors arising from perineural Schwann cells of the nerve.¹ Approximately 25 % to 45 % of schwannomas occur in the head and neck, the tumors are usually seen in the fourth decade of life.¹⁻⁴ We report a rare case of benign schwannoma of the upper lip. There are limited cases in the literature.¹⁻⁴ Malignant transformation of a benign schwannoma is a controversial issue. Most of the lip swellings are treated like a mucocele in outpatient clinics but the specimen should be examined carefully to differentiate the possible other diagnosis.

CASE REPORT

A male patient of 23 years presented with a slow-growing, painless swelling on upper lip of 1 year duration. Examination revealed a 2x2 cm, non-ten-

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der, soft mobile mass with irregular surface, on the right side of upper lip. There was no other pathology on head and neck examination. The usual diagnosis for this kind of swellings are fibroma or mucocele so initial biopsy and imaging studies were not performed. Past history was unremarkable. The results of all the laboratory tests were within normal limits. The mass was completely excised under local anesthesia. The smaller nodules were difficult to distinguish from minor salivary glands. Each nodule was surrounded by a thin or slightly thicker fibrous capsule. The patient had an uneventful postoperative recovery. Histopathology of the specimen revealed that tumor was encapsulated with spindle cell lesion showing two different pattern of growth of Schwann cells i.e. Antoni A and Antoni B. Predominant pattern was Antoni A displaying spindle cells closely packed together with palisading of nuclei. Verocay bodies were also present. Thus, histopathological diagnosis was consistent with schwannoma (Figure 1). The postoperative course was uneventful, with the patient remaining free of disease after 2 years of follow-up.

DISCUSSION

Schwannomas, also known as neurilemmomas, are uncommon tumors that arise mostly from peripheral nerves of deep parts of the soft tissues.¹ Schwannoma usually occurs in younger adults, but can be seen in children.¹⁻⁵ There is equal gender distribution. The tumor is usually asymptomatic. Unlike neurofibromas, schwannomas rarely metas-

tasise.³ Intraoral Schwannomas constitute 45.2 to 52% on tongue, 13.3% on cheek, 19.86% on buccal/vestibular mucosa and 19.24% on lip and gingiva.⁴ Lip is a rare site for occurrence of schwannomas.¹⁻⁵ Das Gupta et al. reported a case in 1969, since then only several cases have been reported in English literature.^{1,3,6-9} Schwannomas frequently arise in the head and neck region because of its unique anatomical composition, with the parapharyngeal space of the neck as the most common site of occurrence.⁶⁻⁹ The nerves most commonly involved in schwannomas in the parapharyngeal space are the vagus and the cervical sympathetic chain.⁹ The cutaneous branches of the infraorbital nerve are widely distributed throughout the upper lip, medial portion of the cheek, lower eye lid, and the side of the nose. In the present case, schwannoma of the upper lip may have arisen from a branch of the infraorbital nerve or of cranial nerve V.

Most of the schwannomas affecting the lips and the oral cavity are well encapsulated and can easily separable from the surrounding tissues.²⁻⁴ Multinodular neurilemmoma in the upper lip is very rare and has been reported in only two patients.²⁻⁵ Histologically, neurilemmoma is generally a single nodular mass, surrounded by a capsule of thin fibrous tissue, that consists of Antoni A and Antoni B tissues with Verocay bodies.¹⁻⁶ The Antoni type A pattern is characterized by a compact arrangement of elongated spindle cells with wavy nuclei and poorly defined borders in loosely

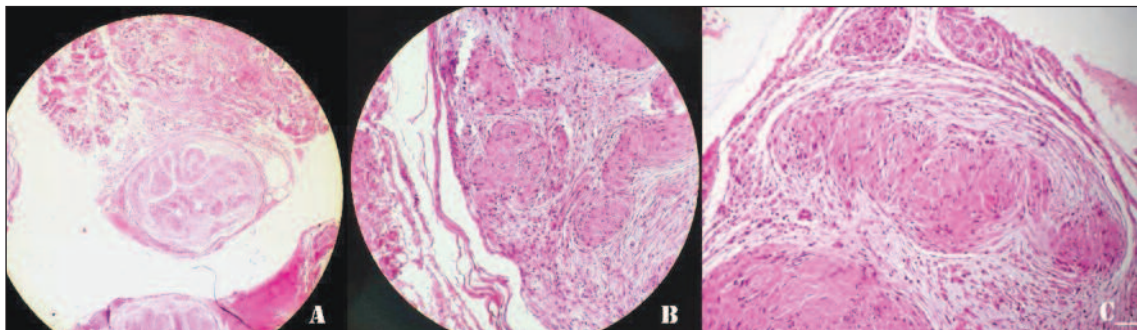


FIGURE 1: a) Panoramic view of the lesion on minor salivary gland. Lobular configuration is evident on scanning magnification. (HE x 4); b) Tumor is composed of neurofibrils arranged in bundles in dense stroma. (HE x 10); c) High power magnification of neoplastic cells. No evidence of mitotic activity, necrosis nor nuclear atypia are seen. (HE x25) (All Photomicrographs were obtained with regular smartphone).

arranged fascicles, having a palisading arrangement of nuclei, the Verocay body and stromal hyalinization. The type B pattern is characterized by a less orderly arrangement of fewer spindle tumour cells in a loose myxoid stroma.

It was difficult to differentiate the schwannoma nodules from minor salivary glands during surgery so the risk of recurrence is higher than the uninodular mass. Long standing uninodular masses usually develop cystic degeneration. Such schwannomas are named as ancient schwannomas.⁴ The risk of recurrence is very low for ancient schwannomas since they are well encapsulated.

In this patient, lesion was excised with adequate normal tissue margins. The multinodular appearance of the tumour was seen in several serial

sections throughout the specimen. Most of the nodules remained isolated by loosely textured fibrous tissue. Individual nodules closely examined and the examination revealed the diagnostic features of Antoni A tissues. Differentiation from plexiform neurofibroma is important since it has a risk of malignant transformation. It is generally accepted that multinodular neurilemmoma is not associated with neurofibromatosis 1 so called von Recklinghausen disease since the latter has some different generalized symptoms.^{7,9}

Multinodular appearance of the schwannoma is the unusual aspect of the operation.

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