ISSN: 2581-5989
PubMed - National Library of Medicine - ID: 101738774

International Journal of Dental Science and Innovative Research (IJDSIR)

IJDSIR : Dental Publication Service

Available Online at: www.ijdsir.com

Volume – 2, Issue – 4, July – August - 2019, Page No. : 307 - 310

A Rare Case Report of Intraoral Schwannoma

[1]Dr. Amit Kumar Singh, Associate Professor, Oral Medicine and Radiology Department, Buddha Institute of Dental Science, Patna

[2]Dr. Rashi Chauhan, Associate Professor, Orthodontic Department, Buddha Institute of Dental Science, Patna

3Dr. Kriti Singh, Post Graduate Student, Oral Medicine and Radiology Department, Buddha Institute of Dental Science, Patna

[4]Dr. Khushbu Rani, Post Graduate Student, Oral Medicine and Radiology Department, Buddha Institute of Dental Science, Patna

Corresponding Author: Dr. Kriti Singh, Post Graduate Student, Oral Medicine and Radiology Department, Buddha Institute of Dental Science, Patna

Type of Publication: Case Report

Conflicts of Interest: Nil

Abstract

Schwannomas (Neurilemmoma) are benign neoplasm with unknown etiology and arising from neural sheath Schwann cells. Intraorally Schwannomas are present as slow growing, solitary asymptomatic occurring at different age group without any typical gender predilection.It is seen commonly in head and neck region but its intraoral presentation is rare. Here we are reporting a rare case report of Intraoral schwannoma of left buccal mucosa seen in 40 year old male patient who had cheif complain of painless slow growing swelling left back region of jaw.

Introduction

Neurilemmoma also known as Schwannoma , Neurinoma or Perineural Fibroblastoma is rare , benign tumour of nerve sheath origin which can arise from nerve covered with Schwann cells sheath including cranial nerves , spinal nerve and autonomic system.[!]

It is rare encapsulated tumour of neuroectodermal origin. It usually occurs as slow growing ,solitary smooth surface , asymptomatic ,without any significant age and sex predilection.

24-45% of all schwannoma cases occure in head and neck in which 1-12 % occure intraorally[5]. Oral schwannoma are usually asymptomatic but may be associated with pain and paraesthesia if involves intraosseus region of mandible. In this cases it bony expansion with paraesthesia and pain.[3]The most common sites of intraoral schwannomas are the tongue , mouthfloor palate ,buccal mucosa jaws and lips.[6]

Schwannoma mimic other benign tumoral lesion such as fibroma, mucocele, lipoma and neurofibroma .However corelating clinical, immunological and histological feature definitive diagnosis can be made.

Here we are presenting a rare case of Intraoral schwannoma in left buccal mucosa which occurred in 40 year old male patient who had chief complain of painless slowgrowingswelling on Left buccal mucosa.

Case Report

A 40 year old male patient came to department with the chief complain of painless slow growing swelling on left

back region of jaw which is of 7 year .lower left side of mandible extending anteroposteriorly 5 cm away from right commissure of lip to left corner of lip and superioinferiorly from left corner of lip to lower border of mandible measuring approximately 6x5 in dimension without any secondary changes.On palpation swelling is nontender soft in consistency. On Intraoral examination Sigle diffuse swelling present in lower left vestibule extending anteroposteriorly from mesial of 33 to distal of 35 anteroposteriorly and mesiodistally obliterating buccal vestibule measuring approximately 4x2 cm in dimension without any secondary changes. Swelling is non tender and soft in consistency. The lymph node were non palpable and patient did not give any relevant medical history.Orthopantomographs did not reveal any significant finding in relation to mandibular posterior teeth.

On the basis of above clinical finding provisional diagnosis of benign tumour such as lipoma was given on the basis of slow growth and absence of neural symptoms. A Biopsy was performed and it was subsequently followed by histological examination for making definitive diagnosis. Before surgical procedure all the laboratory investigation were performed and found to be in normal limits.Tissue specimen was submitted for histopathological examnation.Microscopic examination revealed degenerative changes and various admixture of compact spindled areas and hypocellular microcytic areas rich in macrophages and collagen fibres and well formed collagenous capsule and hyalinised vessel is seen. Antoni A Pattern showed bundles of Schwann cells with spindle nuclei. Schwann cells were forming typical pallisading pattern around acellular, amorphous eosinophilic mass which represented the verrocay bodies.Based on the histopathologic features final diagnosis of an intraoral schwannoma was made. The lesion was excised completely and healing was uneventful.

Fig 1 :Extra oral picture revealing swelling w.r.t left sideof jaw

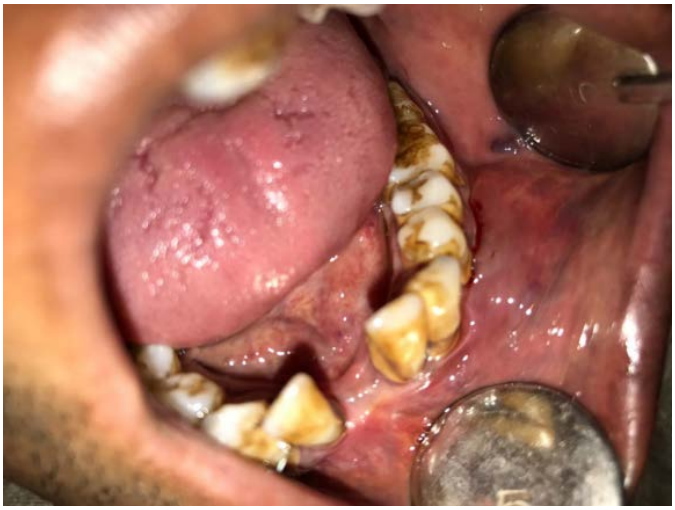

Fig 2 : Clinical Picture Of Patient Showing Intraoral Swelling W.R.T33, 34 35

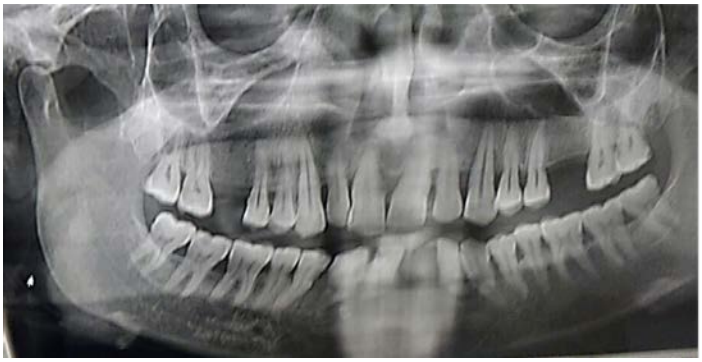

Fig. 3: Orthopantomographs did not reveal any significant finding in relation to mandibular posterior teeth.

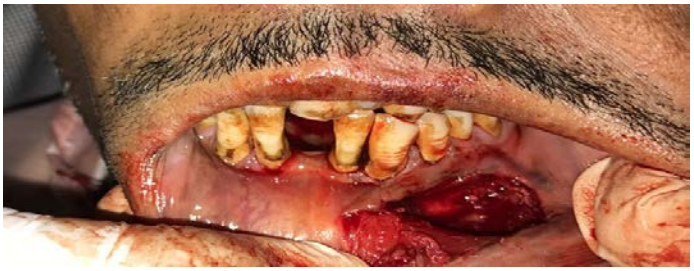

Fig . 4: Surgical excision of the lesion

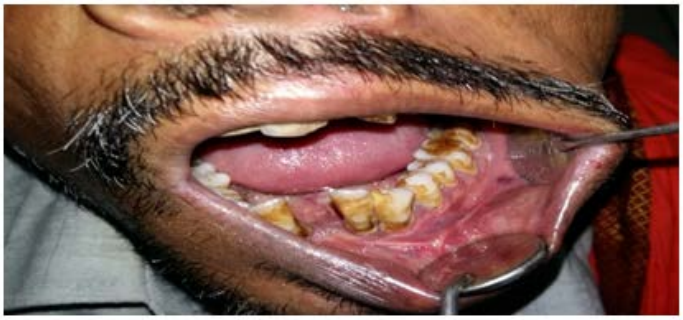

Fig . 5: Post operative clinical picture

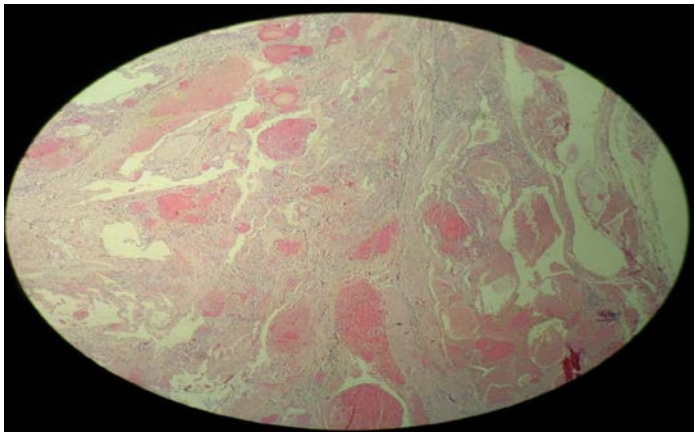

Fig. 6 : Photomicrograph showing histological section showing Antoni A Pattern with bundles of Schwann cells with spindle nuclei.

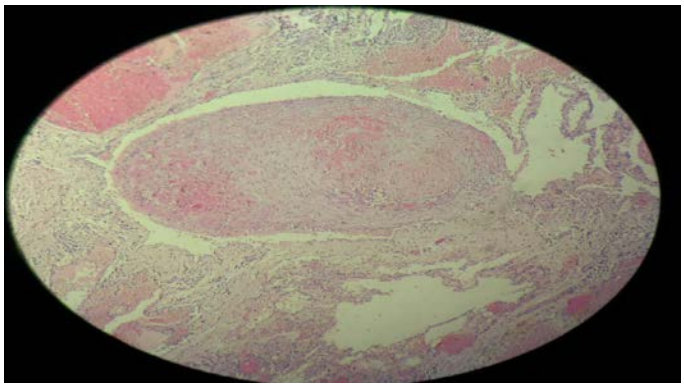

Fig . 7: Photomicrograph showing histological section showing hypercellular Antoni type B areas

Discussion

Schwannoma is a rare slow growing benign tumour of nerve sheath origin.

It originates from Schwann cell of cranial , peripheral and autonomic nerve.

It is usually seen as solitary well circumscribed painless and firm lesion of variable size .It does not recuure and rate of malignant transformation is rare.[1]

Presentation of this lesion in oral cavity is rare and if it is present most commonly seen in tongue .Radiographically it is present as unilocular radiolucencies with a thin scelerotic border when present intraoseously.They are also associated with cortical expansion and external root resorption.In our case we did not find any significant findings radiographically as there was no cortical bone expansion.

The lesion was well encapsulated , the treatment of choice was surgical excision.As there is absence of recurrence and malignant transformation is significantly rare the prognosis is usually good.

Conclusion

Intraoral schwannoma is relatively rare tumour. Transoral resection allows for removal of this tumour in manner that inhibit recurrence.However the chance of malingnant transformation exceedingly low.

References

1. Intra-Oral Schwannoma- A Case Report Swati Parhar et al [3]Journal of Clinical and Diagnostic Research 2014 March volume -8 264-265.3
2. Weirs S, Goldblum JR. Enzinger and Weiss's Soft Tissue Tumors. 4th ed. Saint Louis Missoury: Mosby; 2001; 719, 725,1146-67.
3. Hatzoitis JC, Aspirides H. Neurilemmoma (schwannoma) of oral cavity. Oral Surgery Oral Med Oral Pathol. 1967;24:510-26.

4. Chi CA, Carey J, Muller S. Intraosseous schwannoma of the mandible: A case report and review of literature. Oral Surg Oral Med Oral Path Oral Radiol Endod. 2003;96:54-65.
5. Yang SW, Lin CY. Schwannoma of the upper lip: case report and literature review. Am J Otolaryngol. 2003; 24:351-54.
6. Patil K, Mahima V, Srikanth H, Saikrishna D. Central Schwannoma of the mandible. J Oral Maxillofac Pathol. 2009;13:23-6