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Case Report / Olgu Sunumu

Ancient schwannoma of the tongue: a case report

Dilin ancient schwannoması: Olgu sunumu

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A 45-year-old male patient had left sided submucosal swelling extending backwards from the tip of the tongue disturbing articulation and swallowing. Submucosally located lesion was 3x2x1.5 cm in size and totally excised under local anesthesia. In this article, we present a case of ancient schwannoma of tongue. Although a very rare entity, ancient schwannoma should be considered in differential diagnosis of tongue lesions.

Key Words: Ancient schwannoma; schwannoma; tongue.

Kırk beş yaşında erkek hastada dilin sol tarafında, artikülasyon ve yutma bozukluğuna neden olan ve dilin uç kısmından arkaya doğru uzanan submukozal şişlik vardı. Submukozal yerleşimli ve 3x2x1.5 cm boyutlarındaki lezyon lokal anestezi altında total olarak eksize edildi. Bu yazıda, dilin bir ancient schwannoma olgusu sunuldu. Ancient schwannoma oldukça nadir görülmesine rağmen dil lezyonlarının ayırıcı tanısında akılda tutulmalıdır.

Anahtar Sözcükler: Ancient schwannoma; schwannom; dil.

The schwannomas (neurinoma, neurilemmoma) are slowly growing benign tumors originating from cranial and peripheral nerve sheaths.[1] They are most common in the 2nd and 3rd decades of life with no sex predominance. Twenty-five to forty percent are located extracranially in the head and neck region. They are rarely encountered in the oral cavity (1%) with the lateral tongue the most common site of localization followed by the palate, floor of mouth, buccal mucosa, lip and teeth.[2,3] Malignant transformation is rare. Ancient schwannoma is a histological variant of schwannoma.[4] Only few cases of ancient schwannoma have been reported previously in the tongue region but a case of isolated ancient schwannoma in the tongue has not been reported.

CASE REPORT

A 45-year-old male patient presented with the complaint of left sided swelling on the dorsum and tip of the tongue with gradual increase in size in the last 10 months (Figure 1). The patient had progressive paresthesia and difficulty in articulation. The lesion was 3x2x1.5 cm in size and submucosally located. It had a firm consistency and irregular surface on palpation (Figure 2). The histopathological diagnosis was reported as ancient schwannoma following total excision under local anesthesia. Macroscopically the lesion was well demarcated and encapsulated. Schwann cells displaying degenerative atypia with large, hyperchromatic and multilobulated nucleus were observed (Figure 3). The hyalinization

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Figure 1. *The left sided lesion on the dorsum and tip of the tongue.*

Figure 2. *The lesion was submucosal, 3x2x1.5 cm in size with firm consistency and irregular surface on palpation.*

was noticed in the vascular endothelium. The immunohistochemical staining with S-100 was positive (Figure 4).

DISCUSSION

Schwannomas originate from the schwann cells of peripheral nerve sheaths. The histological pattern constitutes hypercellular Antoni type A and myxoid Antoni type B compartments. Schwannomas may exhibit malignant transformation.[5] Three cases of ancient schwannoma in the oral floor and tongue have been reported previously.[6] All of the cases were female. This case was a male with the lesion located on the dorsum of the tongue and no extension to the floor of mouth. The patient had hypoesthesia and paresthesia along with limitation of tongue movement. Schwannoma with malignant transformation is important in the histological differential diagnosis. The degenerative changes including hyalinization, hemorrhage, cyst formation, calcification together with atypical cellular changes may mimic malignant lesions. Nuclear atypia and degenerative changes may cause confusion in differential diagnosis from malignant mesenchymal tumors.[7] Nuclear atypia includes the histopathological observation of large, hyperchromatic, pleomorphic and multilobulated cell nuclei.[8,9] The additional pathologies in differential diagnosis are hemangioma, eosinophilic granuloma, epidermoid cyst, dermoid cyst, epithelial hyperplasia, leiomyoma and lymphangioma.[10] In this case the observation of degenarative changes and the positive staining with S-100 was pathognomonic for ancient schwannoma. The treatment of choice is surgical resection. Recurrence is rare following total excision.

Ancient schwannoma shares common clinical features with the ordinary schwannoma. On the other hand the histopathological characteristics

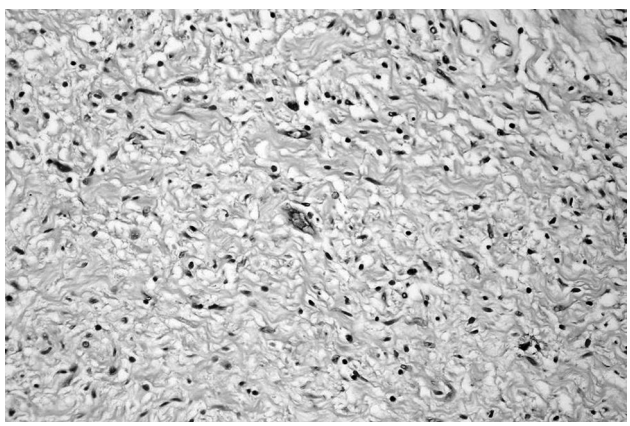

Figure 3. *Schwann cells displaying degenerative atypia with large, hyperchromatic and multilobulated nuclues (H-E x 400).*

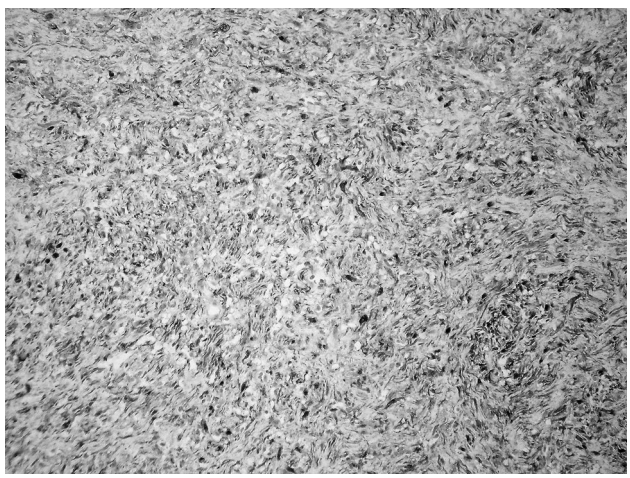

Figure 4. *Immunohistochemical staining with S100 x 100.*

mimicking ordinary schwannoma with malignant transformation and malignant mesenchymal neoplasm are of importance and should be interpreted accordingly to provide the definite diagnosis.

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