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內文：

Introduction

- Neoplasms of peripheral nerve in the head and neck region are of common occurrence-- oral and para-oral tissues is uncommon--rarely occur centrally within the jaws
- Schwannoma --age group ranging from 10 to 40 years-- discrete, freely movable, smooth-surfaced-- painless soft tissue swelling
- Intraosseous schwannomas--1% of all bone tumours in the entire body
- Classical schwannoma is an encapsulated neoplasm-- Antoni type A and Antoni type B
- Antoni A tissue—cellular--monomorphic spindle-shaped Schwann cells--poorly defined eosinophilic cytoplasm--basophilic nucleus--nuclear palisading--parallel arrays of such palisades with intervening eosinophilic cell cytoplasm--Verocay bodies
- Antoni B--cytoplasm is inconspicuous--nuclei are suspended in copious myxoid
- Schwannoma--cellular, epitheloid, melanotic and ancient--plexiform schwannoma
- Plexiform schwannoma--extremely rare and unique--superficial soft tissues in the head and neck region

Case report

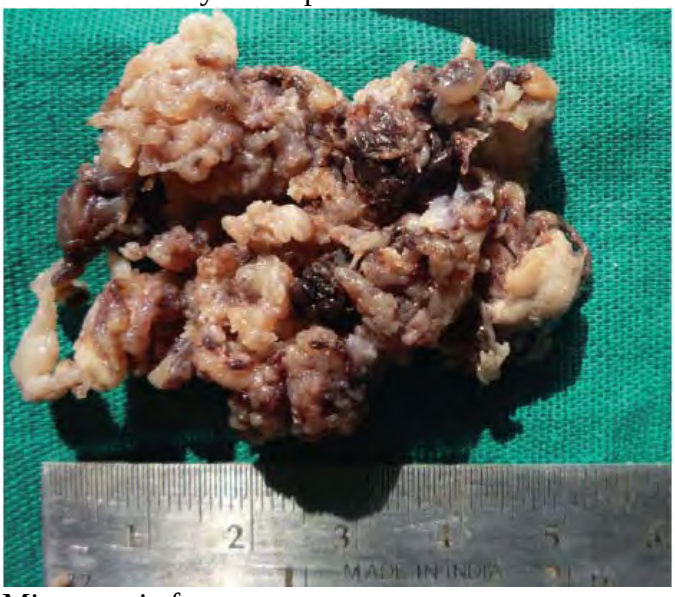
- A 54-year-old male patient-- reported to the Krishnadevaraya College of Dental Sciences and Hospital, Bangalore, India--chief complaint of swelling in the left cheek region for the past 6 months
- Extraoral examination—asymmetry--left side of the face in the preauricular and mandibular area--swelling extended inferio-superiorly from the lower border of the mandible to the ala-tragal line--anteroposteriorly from 2.0 cm posterior to the angle of the mouth to the angle of the mandible.
- The swelling measured 3.0 x 3.0 cm in dimension--well-defined, hard, non-tender, with normal overlying skin

- Intraoral examination--a polypoid mass--1.0 x 2.0 cm in relation to the left retromolar area
- The mass--well defined, soft and non-tender, obliterating the buccal sulcus--Overlying mucosa--large central area of yellowish gray mucinous covering
- The orthopantamograph--multilocular radiolucency with faint trabeculae, suggesting loculation--smooth and distinct borders extending from the region of 36 to the left ramus of the mandible--lower border of the mandible was intact--root resorption of 37

Pathology

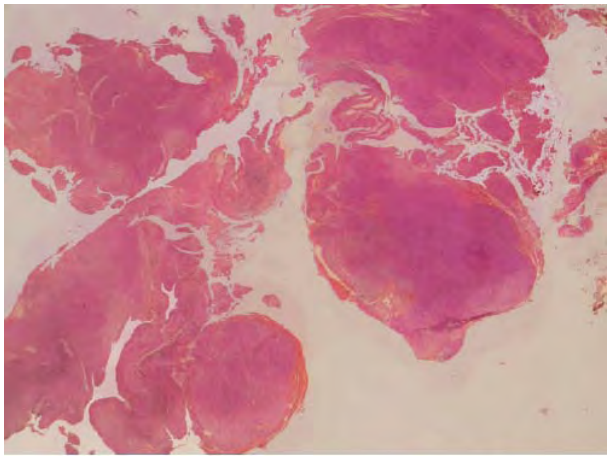
Macroscopic findings

- The lesional tissue measured 5.5 x 4.5 cm in dimension--soft in consistency--multiple nodules--tenacious fibrous intervening tissue

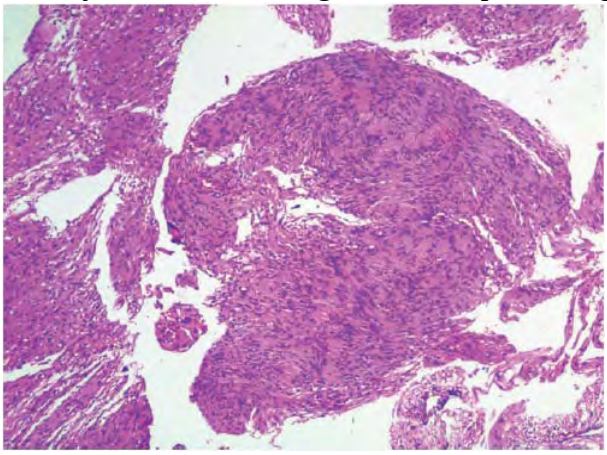


Microscopic features

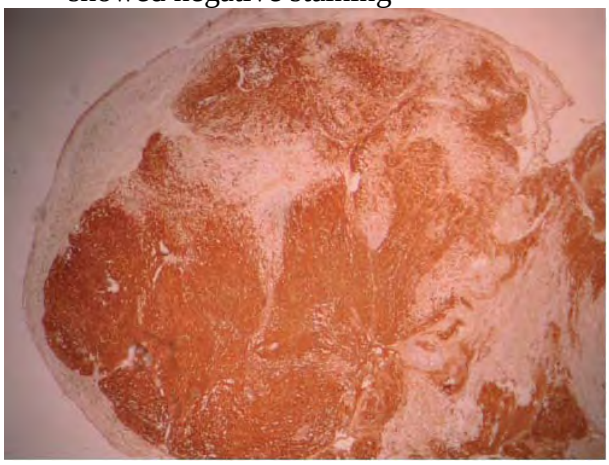
The haematoxylin- and eosin-stained sections showed clearly segregated multiple nodules in lower magnification(x 40)



- These nodules (x100 and x400) --cellular stroma at many areas--spindle in shape--eosinophilic cytoplasm--basophilic oval nucleus--palisading
- Parallel arrays of such palisades--intervening eosinophilic cell cytoplasm – Verocay bodies – were evident, depicting Antoni type A tissue.
- These densely cellular areas--alternating with less cellular, loose, oedematous areas--numerous small blood vessels exhibiting perivascular hyalinization--collagenisation representing Antoni type B areas



- S-100 immunostaining--strong positivity in the nerve fascicles--Antoni type A and Antoni type B areas of the section--capsular and the intervening areas showed negative staining



Discussion

- Plexiform schwannoma--first described in 1978--superficial soft tissues, particularly of the head and neck region--superficially situated peripheral

nerve--4.3% of all schwannomas--23% of schwannomas of head and neck soft tissues, with only 28 reported cases--a true central tumour with multinodular growth, seems to be among the first reported cases.

- Microscopically plexiform schwannoma--(x40) showed multinodularity in almost all the areas--nodules were covered by fibrous and cellular connective tissue capsule.
- cellular arrangement with palisading nuclei--Verocay bodies (Antoni type A tissue)-- occasional loose texture areas--cells having multiple processes--capillaries showing perivascular hyalinisation (Antoni type B tissue)
- strongly positive immunohistochemical staining with S-100 in the nodules--nature of the lesion to be of neural tissue--S-100 was completely negative in the superficial capsular areas--intervening and fibrous in nature.
- Plexiform schwannoma--benign tumour--no malignant potential--recur when incompletely excised.
- no evidence of increased cellularity or cellular changes like epitheloid-like cells linked with malignant changes--No nuclear pleomorphism and mitotic figures were seen--absence of features of malignancy at cellular or tissue level.
- Author report a case of intraosseous plexiform schwannoma--rare and unique variant of Schwann cell tumour at a central location in the mandible and can be the first of its kind

題號	題目
1	Which one is not the clinical feature of schwannoma? (A) Usually asyptomatic (B) Range from a few millimeters to several centimeters in size (C) Tongue is the most common location (D) Intraosseous examples are most common in the maxilla
答案(D)	出處：口病課本 p.526-527
題號	題目
2	Which one is not the histopathologic feature of schwannoma? (A) Verocay bodies (B) Negative for S-100 (C) Two microscopic patterns: Antoni type A and Antoni type B (D) Have spindle-shaped cells
答案(B)	出處：口病課本 p.527