

原文題目(出處)：	A Rare Report of Two Cases: Ancient Schwannoma of Infratemporal Fossa and Verocay Schwannoma of Buccal Mucosa(Annals of Maxillofacial Surgery 2017;7;140-2)
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內文：

Abstract
<p><u>Schwannoma</u></p> <ol style="list-style-type: none"> 1. A benign tumor that originates from Schwann cells of the peripheral nerve. 2. Presentation <ol style="list-style-type: none"> A. Head and neck region—common B. Intraoral—rare 3. Feature <ol style="list-style-type: none"> A. Solitary B. Slow-growing C. Smooth-surfaced D. Usually asymptomatic E. Encapsulated 4. Two case—an intraoral soft tissue swelling which turned out to be schwannoma of a) buccal mucosa b) infratemporal fossa with extension into the oral cavity 5. Diagnosis—based on complete analysis of clinical, radiological, surgical, and histopathological findings.
Introduction
<p><u>Schwannomas</u></p> <ol style="list-style-type: none"> 1. Etiology and pathogenesis <ol style="list-style-type: none"> A. Arising from Schwann cells B. Benign, slow-growing, epineurium-encapsulated neoplasms C. Comprise myelin sheaths surrounding peripheral nerves 2. Site predilection <ol style="list-style-type: none"> A. Head and neck region—common(25-48%) <ol style="list-style-type: none"> i. Intracranially—at the cerebellar pontine angle B. Intraoral—rare(1%) <ol style="list-style-type: none"> i. Mostly involves the tongue

3. Age predilection: middle-aged adult
4. Sex predilection: not certain
5. Clinical differential diagnosis
 - A. Fibroma
 - B. Lipoma
 - C. Neurofibroma
 - D. Salivary glands tumor
6. Treatment—complete excision
7. Prognosis—rarely recurrent

Case Report

Case 1—A 36 y/o male patient reported with swelling in the right facial region for 1 year.

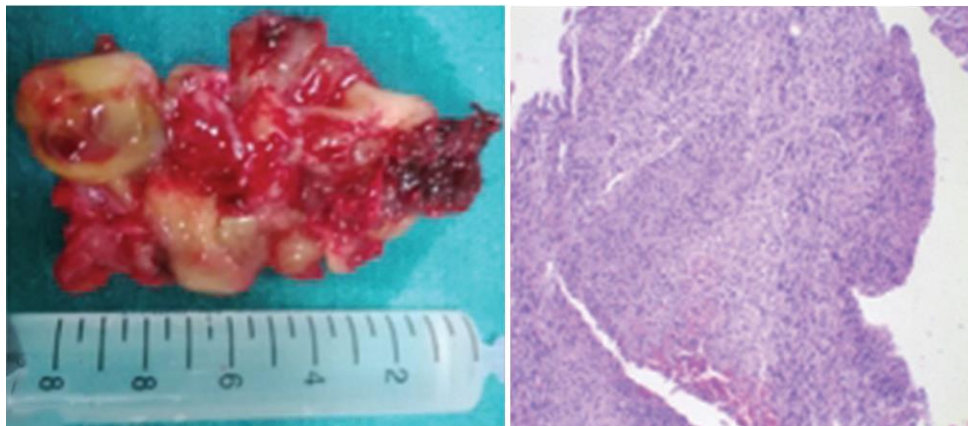
1. Extraoral examination: a mild diffuse swelling was present on the right midfacial region.
Medical history was unremarkable.
2. Intraoral examination: a 2 cm × 2 cm, **sessile, firm, nontender, nonulcerated** mass on the right posterior buccal mucosa
Dental history: extraction of tooth 17, 18 due to cheek biting



3. Ultrasound examination: a 30 mm × 23 mm hypoechoic mass in the soft tissue of right cheek
4. Fine-needle aspiration cytology: inconclusive
5. Contrast-enhanced computed tomography (in axial sections): 3.05 cm × 2.62 cm round, hypodense lesion in the right retromaxillary/infratemporal region compressing the posterior wall of maxillary sinus and anteromedially bulging into the oral cavity.



6. Treatment plan: **complete surgical excision**
→the entire mass was excised in total and was sent for histopathological examination.
7. The tumor consisted predominantly **Antoni B** pattern; bundles of palisading cells were seen with buckled nuclei(H/E)→**Final diagnosis: Schwannoma**



8. Prognosis: no recurrence 1 year after surgery

Case 2—A 23 y/o female patient complained of swelling in the right cheek region for 1 year.

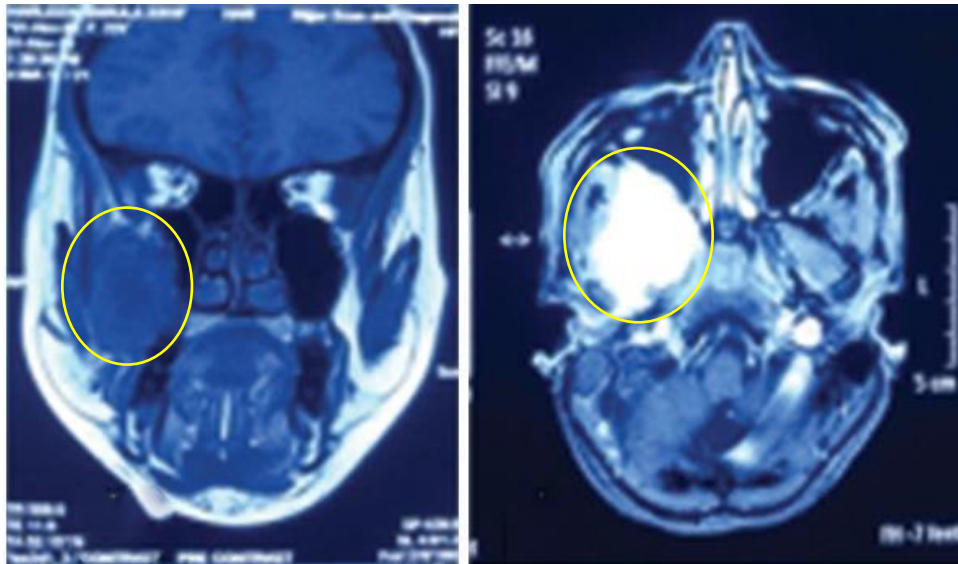
PI: It was associated with **pain of mild intensity**. The patient visited a local dentist and **got the extraction of 18 and 38** 3 months back after which some relief was obtained but **the pain reoccurred for 2 months**. There was no significant medical history.

1. Extraoral examination: a diffuse swelling on the right facial region
2. Intraoral examination:

- A. A diffuse growth on the right posterior buccal mucosa
- B. Palpation: around 1 cm × 0.5 cm, **firm, tender, and noncompressible**.
- C. **No bleeding or ulceration** of the surface



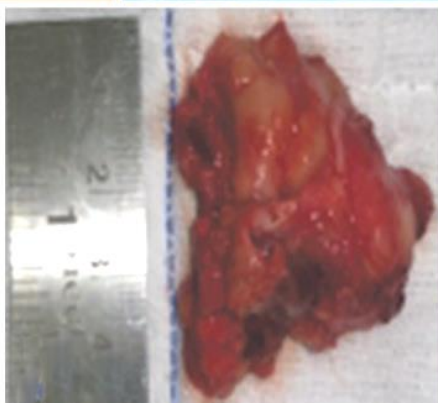
- 3. Magnetic resonance imaging (in coronal and axial section):
 - A. A 6 cm × 4.5 cm well-defined lobulated heterogeneously enhancing lesion with solid as well as necrotic component in the right infratemporal region.
 - B. Right zygomatic arch was involved with focal erosion of inner table of ramus of the mandible. There was focal erosion of right maxilla inferiorly



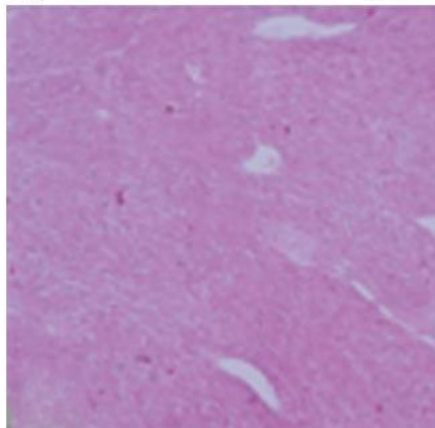
- 4. Incisional biopsy:
 - A. Lesional tissue was composed of neural cells with spindled nuclei
 - B. S-100 antibody: **positive**(all lesional cells)



5. Treatment plan: complete surgical excision



6. Histopathological section:
- A. Areas of hyalinization and myxoid change with peripherally placed nuclei.
 - B. Thick blood vessels with hyalinization and perivascular inflammation were noted with cystic changes. → **Final diagnosis: ancient schwannoma**



7. Prognosis: no recurrence 1 year after surgery

Discussion

1. Schwannoma (neurilemmoma) is a rare, benign, encapsulated perineural tumor of neuroectodermal origin that is derived from **the Schwann cells of the neural sheath**.
 - A. Verocay → "neuroma"

- B. Stout→ “neurilemmoma”
2. Age predilection: middle-aged adult(30-50y/o)
 3. Sex predilection:
 - A. William et al.: male
 - B. Lucas: female
 - C. Hatziotis and Asprides, Enzinger and Weiss: equal distribution
 4. Site predilection:
 - A. In oral cavity: **tongue**
 5. **Ancient schwannoma**: usually present as submucosal swellings with a **higher female predilection**. The presenting lesion can be a primary in the infratemporal fossa with extension into the oral cavity or vice versa.
→Similar finding was present in our report, where primary site was
 - A. buccal mucosa in the first case
 - B. infratemporal fossa in the second case
 - C. The female gender and long-standing history were also consistent with the literature.
 6. Classification (Erlandson, 1985): seven subtypes
 - A. classical (Verocay)
 - B. cellular
 - C. plexiform
 - D. cranial
 - E. nerve
 - F. melanotic
 - G. **degenerated (ancient)**: when there is either cystic or fatty degeneration, focal accumulations of hyaline material, thick capsule, and infiltration of histiocytes, siderophages, and hyperchromatism.
 - H. granular cell
 7. Treatment plan: pericapsular excision
 8. Prognosis: good, rarely recurrent or malignant transform

Conclusion

1. As the clinical and radiological pictures are not distinctive, **final diagnosis** should be made **after histopathological examination** and in some cases **after immunohistochemistry analysis**.
Ex. H/E, S-100 antibody...
2. The treatment of choice is complete **surgical excision** as recurrences and malignant transformations are exceedingly rare.

題號	題目
1	Schwannoma 最常發生在口內的哪個部位 (A) Gingiva (B) Soft palate (C) Tongue (D) Buccal mucosa
答案 (C)	出處：Oral and Maxillofacial Pathology, 4ed, P.492
題號	題目
2	下列何者不會對免疫螢光染色呈現 S-100 protein(+)的反應 (A) Fibroma (B) Schwannoma (C) Neurofibroma (D) Granular cell tumor
答案 (A)	出處：Oral and Maxillofacial Pathology, 4ed, P.473,492,494,503