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Document heading **doi: 10.21276/apjhs.2017.4.1.30** **Case Report**

Intraparotidschwannoma of facial nerve : a case report

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ABSTRACT

Schwannoma are encapsulated benign tumors arising from Schwann cells of facial nerve. We present a case of 62 years old male patient complaining of painless mass in right parotid region without clinical features of peripheral facial nerve palsy. Fine Needle Aspiration was done which showed cytomorphological features of Schwannoma. Biopsy was done to confirm the diagnosis.

Keywords: Facial nerve schwannoma, parotid ,cytodiagnosis

Introduction

Neoplasms of salivary gland account for 3-10 % of all head and neck tumors. Most common parotid tumors are pleomorphic adenoma, warthin's tumor. Schwannomas are benign , slow growing , encapsulated tumors that arise from Schwann cells of myelinated peripheral or cranial nerves. [1].They are rarely seen in the parotid gland. 9 % of schwannomas arising from the facial nerve arise from intraparotid portion [2] and they account for 0.5-1.2 % of all parotid gland tumors [3]. It presents as painless, slow growing parotid mass with normal facial nerve function[4], mimicking clinically a benign parotid tumor.

Case report

A 62 year old male patient presented with painless, slow growing mass in right preauricular region that had been present since 6 months. Physical examination showed 2x2 cm mass in right preauricular region, firm, partially mobile and covered with normal skin. While performing Fine needle aspiration of the tumor, patient experienced pain. The cytomorphology revealed presence of elongated spindle shaped cells with nuclear palisading (Verucay bodies) and fibrillary background. Cytomorphological diagnosis of Schwannoma was made. Biopsy was done to confirm the diagnosis. 2x2 cm well encapsulated mass was dissected. Histologically, the section showed areas of hypocellularity with bland spindle shaped nucleus in fibrillary background. Verucay bodies were seen. Thus ahistomorphological diagnosis of Schwannoma was confirmed.

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Discussion

Schwannomas was first reported by Virchow in 1908 and arise from the neural sheath of the peripheral, sensory, motor, sympathetic, and cranial nerves[4,5]. Facial nerveschwannomas are uncommon, approximately 25 % and 40 % of all schwannomas occur in the head and neck region. Majority of Facial nerve schwannomas are intratemporal, 9 % arising from intraparotid portion [2,6]. Intraparotid Facial nerve Shwannomas are solitary, painless, slow growing masses mimicking the tumors of the parotid gland. Although tumor arises from the nerve itself, the function of the facial nerve is generally unaffected [7, 8]. The ability of the parotid gland to accommodate tumor expansion well and as tumor grows eccentrically; it pushes the nerve fibres away accounting for the low rate of facial palsy (20-27%) of intraparotid FNS [9]

The most important differential diagnosis are neurofibroma and malignant peripheral nerve sheath tumor. Intraparotid neurofibroma are even less common than schwannoma.

Conclusion

The pre operative diagnosis of intraparotidschwannoma can be difficult, owing to the tumor mimicking parotid tumor. FNAC has proved to be important in diagnosis of schwannoma leading to conservative operative management and confirming the diagnosis on histopathological examination.

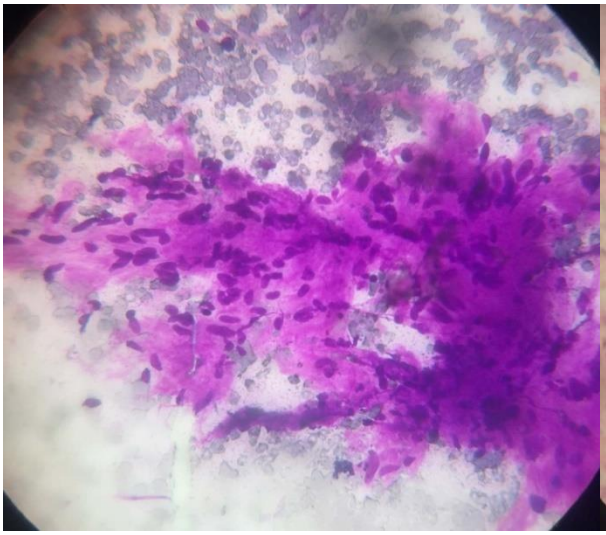

Fig 1: Cytosmear ,Verucay bodies, MGG stain, 40 X

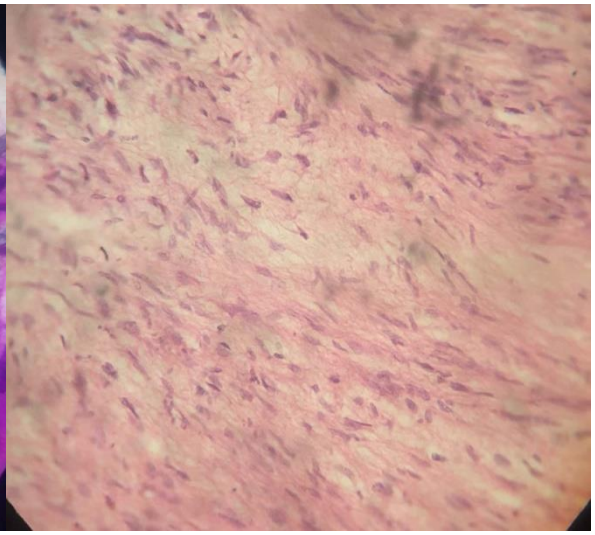

Fig 2: Biopsy of schwannoma, H & E stain, 40 X

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