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**Case Report**

# SCHWANNOMA OF THE NASAL CAVITY – A RARE CASE REPORT

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**ABSTRACT**

Schwannomas are benign tumors arising from the Schwann cells of the nerve sheath. They are commonly seen in head neck area and rarely arise in the nasal cavity. We present a rare case of Schwannoma in a 16 year female patient arising from vestibule and roof of left nasal nostril.



## INTRODUCTION

Schwannoma is a benign nerve sheath tumor that can arise in peripheral nerve covered with supporting Schwann cells[1]. These Tumours are commonly seen in the head neck area. Among these sinonasalschwannomas contribute only 4 % of the head neck schwannomas[2,3,4].

## CASE REPORT

A 16 year old female patient presented to ENT OPD with complaints of unilateral nasal blockage of left nose with mucopurulentrhinorrhea since two months. Local examination revealed 3 x 2 cm polypoid lesion arising from the vestibule and roof of left nasal nostril. The mass was dissected out and sent for histopathological examination.

**Figure-1** Gross photograph showing gray white gelatinous lobulated mass

### *Histopathological Examination*

Received a grey white lobulated mass measuring 3 X 2 cm. Cut section was grey white, gelatinous (fig1). Microscopy revealed a benign neoplasm composed of spindle shaped neoplastic cells with elongated nuclei arranged in palisading pattern. Thetumor revealed high and low cellular density i.e. AntoniA and Antoni B pattern (fig. 2,3). Antoni B areas revealedmyxoidstroma. The mitotic activity was very low. Thehistopathological diagnosis was given as benign Schwannoma.

## DISCUSSION

Schwannoma of sinonasal tract are very rare tumors. The age incidence being 6 to 78 years with no sex or racial predilection[5]. The Ethmoidal sinus is most commonly involved followed by maxillary sinus, nasal fossa and sphenoid sinus[6,7,8]. The clinical presentation of nasal schwannoma is nasal obstruction, mucopurulentrhinorrhea or sometimes they present as nasal polyp[9,10].Our case presented at the age of 16 years with the complain of nasal obstruction with mucopurulentrhinorrhea. Imaging studies like computerized tomography (CT) and Magnetic Resonance Imaging (MRI) help to locate the lesions and can comment about bony erosion[11,12]. However the final diagnosis rests solely on histological examination. Immunohistochemistry of these tumours reveals a strong S-100 positivity. Differential diagnosis of nasal schwannoma includes neurofibroma, angiofibroma, and fibrotic nasal polyp.

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***Treatment***

Wide local excision is the appropriate treatment for nasal schwannomas. The recurrence is very rare[5,13]. Three months follow up of our patient is uneventful.

## CONCLUSION

Although schwannoma of nasal cavity is extremely rare, the possibility of its existence should be realised and kept in the differential diagnosis of any nasal mass.

When the lesion is polypoidal it should be differentiated clinically from angiofibroma and fibrotic nasal polyp.

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