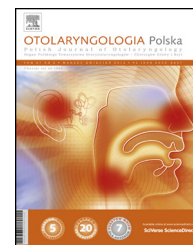


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Case report/Kazuistyka

Contrasting radiological presentation of cervical sympathetic chain schwannoma: Case series of two cases

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ABSTRACT

Splaying of carotid bifurcation on imaging, known as Lyre sign, is seen characteristically in carotid body tumors. Is positive Lyre sign always confirmatory of carotid body tumor? Here we discuss two cases of cervical sympathetic chain schwannoma. The first case presented radiologically as an enhancing lesion with splaying of external carotid artery and internal carotid artery (positive Lyre sign) and misled us to the diagnosis of carotid body tumor. The second case presented as an enhancing lesion causing anterior displacement of external carotid artery and internal carotid artery (negative Lyre sign). Both lesions were confirmed as cervical sympathetic schwannoma. Post-operatively both patients developed Horner's syndrome. Lyre sign is not always confirmatory of carotid body tumor.

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Introduction

Schwannomas are benign well-encapsulated tumors arising from schwann cells of nerve sheath [1]. Head and neck region constitutes about 25–40% of all extra-cranial schwannomas and these may arise from any of peripheral, cranial or autonomic nerves [2, 3]. Para pharyngeal site is the most common site of tumor origin (31%) followed by neck (23%), skull base (19%), sino nasal cavity (15%), middle ear (8%), tongue, and posterior pharynx (4%) [4]. Schwannoma of head and neck most commonly involves the eighth cranial nerve followed by IX, XI, XII, X [2, 4]. Cervical sympathetic

chain schwannoma is very rare and less than 100 cases have been reported in the English literature till date.

Cervical sympathetic schwannoma usually presents as a slowly progressive, painless, non-pulsatile neck swelling, but in rare cases it can present with preoperative Horner's syndrome and/or as a pulsatile mass. Diagnosis is usually made radiologically with contrast enhanced computer tomography (CECT) and/or MRI. A heterogeneously enhancing mass pushing internal carotid artery or the common carotid artery anteriorly is suggestive of schwannoma arising from the cervical sympathetic trunk [5]. Splaying of ICA and ECA by enhancing mass (Lyre sign) on CT angiography is more specific for Carotid body tumor. But is this always true?

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In this article we discuss two cases of cervical sympathetic schwannoma with similar clinical presentation but showing contrasting radiologic findings. The first patient had positive Lyre sign on CT angiography and was confused with carotid body tumor and the second case showed anterior displacement of both internal and external carotid artery on CT angiography. This paper highlights the variable radiological presentation of cervical sympathetic schwannoma.

Case reports

Case 1

A 19-year-old male presented with chief complaints of slowly progressive, non-tender, asymptomatic swelling in

the upper left lateral neck for 8 months. On examination, single, 4 cm × 3 cm firm, non-tender, pulsatile swelling was seen just in front of upper one-third of anterior border of left sternocleidomastoid. The swelling was extending from 1 cm below the mandible superiorly till level of upper border of thyroid cartilage inferiorly. The swelling was non-translucent and was freely mobile in horizontal direction, but mobility was restricted in vertical direction. There was no ptosis or hoarseness. There was no history of trauma to the neck in the past.

MRI neck showed a well-defined hyperintense enhancing lesion of approximately 5 cm × 3 cm in left carotid space extending from just below angle of mandible till the level of bifurcation of the Common carotid artery (Fig. 1a and b). CT angiography showed a uniformly enhancing 5 cm × 3 cm mass lesion in carotid space causing splaying of ECA and

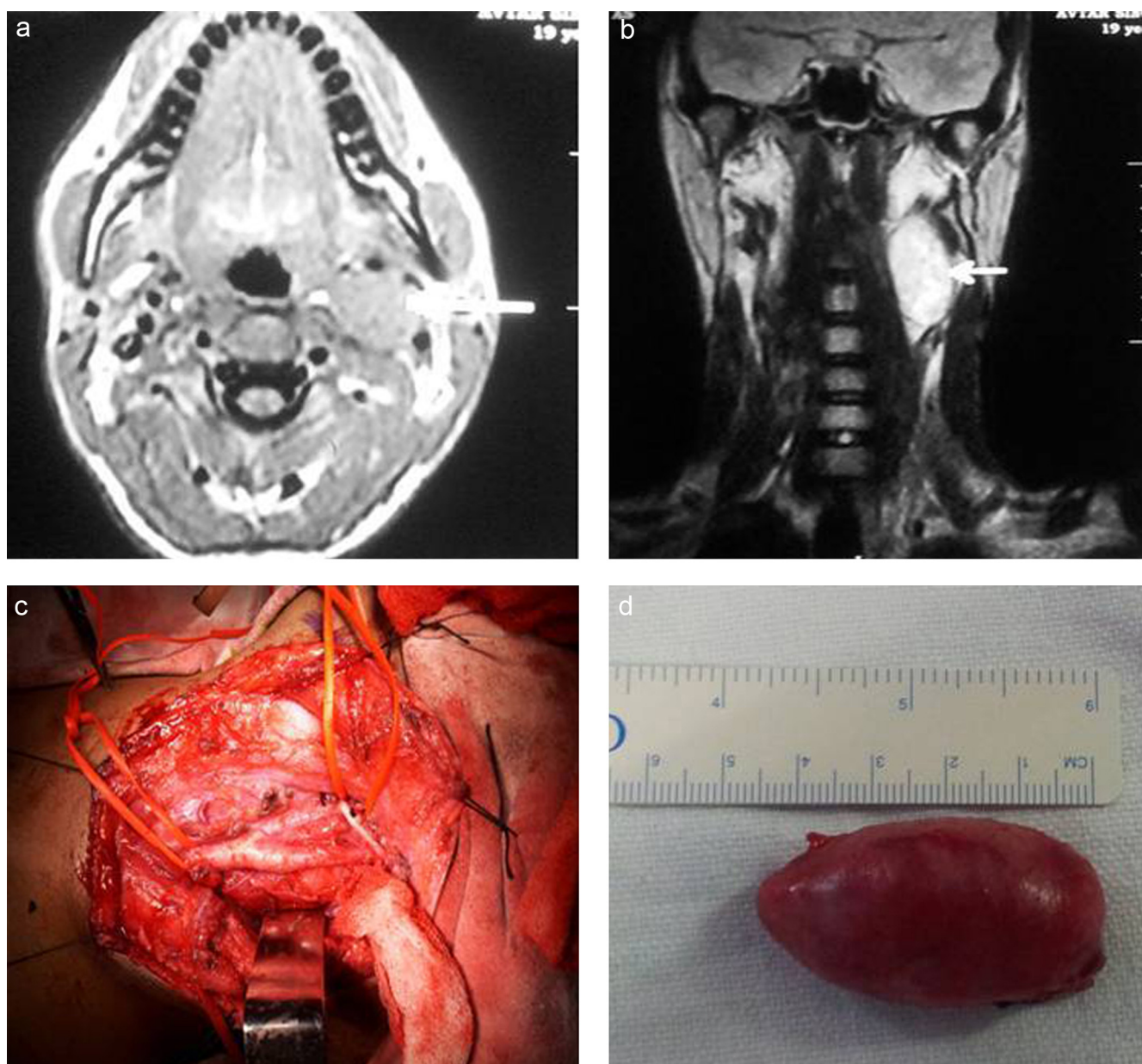


Fig. 1 – (a, b) MRI showing hyper intense lesion at the level of carotid bifurcation. (c, d) Well encapsulated tumor just behind the common carotid artery

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