



ORIGINAL ARTICLE

Extracranial neurogenic tumors of the head and neck^{☆,☆☆}



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KEYWORDS

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Abstract

Introduction: Peripheral nerve tumors typically derive from Schwann cells of the peripheral nerve sheet. Since these tumors are uncommon, they should be considered in preoperative differential diagnosis.

Objective: To report the experience of a tertiary care department.

Methods: Forty-two patients with head and neck peripheral neurogenic tumors were retrospectively analyzed and evaluated from 1977 to 2013. The preoperative diagnosis was confirmed by biopsy or imaging study.

Results: The mean age was 41.7 and 15 patients (36%) were male. The mean size was 5.5 cm and 26 (61%) were located laterally in the neck. Most tumors (39.9%) presented as an asymptomatic neck mass. Most (39.9%) were resected through a neck approach. Cranial nerves were the commonest site of origin.

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Conclusions: Extracranial neurogenic tumors presented with a mean size of 5.5 cm, were located laterally in the neck, normally had their origin from cranial nerves, and their resection approach is cervical.

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PALAVRAS-CHAVE

Neurilemoma;
Neurofibromatose;
Neurofibromatoses;
Neurofibrossarcoma;
Neoplasias de cabeça
e pescoço

Tumores neurogênicos extracranianos na cabeça e pescoço

Resumo

Introdução: Tumores dos nervos periféricos tipicamente derivam das células de Schwann da bainha dos nervos periféricos. Por serem incomuns, devem ser lembrados no diagnóstico diferencial pré-operatório.

Objetivo: Relatar a experiência de serviço de referência terciária.

Método: De 1977 a 2013, 42 pacientes com tumores neurogênicos periféricos da cabeça e pescoço foram operados e analisados retrospectivamente. A confirmação diagnóstica pré-operatória deu-se por biópsia ou método de imagem.

Resultados: A média da idade foi de 41,7 anos, sendo 15 indivíduos (36%) do gênero masculino. O tamanho médio foi de 5,5 cm e 26 (61%) localizavam-se na face lateral do pescoço. A maior parte (39,9%) apresentou-se como tumor palpável assintomático. A maioria (39,9%) foi ressecada por acesso cervical. A maioria originou-se de nervos cranianos.

Conclusões: Tumores neurogênicos extracranianos apresentam-se com tamanho médio de 5,5 cm, na face lateral do pescoço, costumam originar-se de nervos cranianos e ser ressecados por via cervical.

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Introduction

Tumors arising from peripheral nerves typically are derived from Schwann cells located in the peripheral nerve sheath, commonly from cranial nerves, but also from sensory or motor nerves and nerves of the sympathetic nervous system. Among the many names used to describe these tumors, two in particular – schwannomas and neurofibromas – have significant clinical differences that require discussion. As a group, neurogenic tumors occur most commonly in the head and neck in 25–45% of cases.^{1–3}

These tumors are reported in the parapharyngeal and retropharyngeal space, posterior pharyngeal wall, paranasal sinuses, nasal cavity, scalp, submandibular region, larynx, epiglottis, tongue, infratemporal fossa, oral cavity, etc.^{4–6} Often, such tumors present as an asymptomatic lateral neck mass, although they can cause symptoms such as nasal obstruction, dysphagia, and dysphonia, depending on their location and size. Sometimes these tumors may be associated with other diseases, such as multiple endocrine neoplasia or neurofibromatosis type 1. Considering that they are relatively rare, these tumors should be considered in preoperative differential diagnosis, as other primary neck tumors may present as an asymptomatic neck mass; moreover, their resection may require neural reconstruction, and the surgeon must be prepared for this possibility.

The aim of this study was to report the experience in addressing these tumors by a tertiary referral service.

Methods

This study was approved under No. 554 by the Ethics Committee of the institution.

From December of 1977 to December of 2013, 42 patients with neurogenic tumors of the head and neck with peripheral origin underwent surgery. The medical records of these patients were retrospectively reviewed. After history collection and physical examination, the collection of material for histopathological diagnosis was performed whenever possible, for diagnostic purposes. Thus, in tumors that could be accessed at physical examination or by endoscopy, such as nasal and oral cavity tumors, incisional biopsy or puncture was performed. Fine needle aspiration (FNA) was performed on tumors located in more superficial portions of the neck. In the case of deep tumors, such as those arising in the parapharyngeal space (one case), tissue collection could not be performed (Table 1). In many patients, computed tomography (CT) and/or magnetic resonance imaging (MRI) were performed (Figs. 1–3).

Tumor excision (with separation of the nerve of origin) and intracapsular enucleation in cases of schwannoma, and resection with a safety margin in case of neurofibromas, were conducted. Histological diagnosis was confirmed with the study of paraffin block specimens (Table 2).

Results

At treatment, the mean age was 41.7 years (range 12–77 years). Fifteen patients (36%) were male and

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