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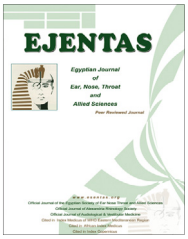

CASE REPORT

Schwannoma of the nasal septum

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KEYWORDS

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Abstract Schwannomas are benign and slow growing tumors originating from the Schwann cells of peripheral nerve sheath. Schwannomas of sinonasal origin are rare (4%) however septal schwannomas are much more rarer. We presented a 31 year old female patient. At physical examination a pale gray, smooth polypoid lesion obstructing the right nasal cavity was detected. Midfacial degloving and endoscopic approach were combined for surgical treatment. The tumor was originating from posteromedial area of the septal nasal cartilage, close to the bony cartilaginous junction. Postoperative histological examination of the specimen showed a benign tumoral growth consisting of spindle shaped cells and immunohistochemical staining of the tumor proved septal schwannoma.

1. Introduction

Schwannomas are benign and slow growing tumors originating from the Schwann cells of peripheral nerve sheath. Twenty-five to forty-five percent of the extracranial schwannomas are located at the head and neck region.[1] Among these most common ones are the vestibular schwannomas of internal acoustic meatus. Schwannomas of sinonasal origin are rare (4%) however septal schwannomas are much more rarer.[2]

2. Case presentation

31 year old caucasian female patient presented to Haseki Training and Research Hospital in June 2015. The main symptoms were nasal obstruction, headache, facial pain, anosmia and intermittent bloody nasal discharge. Nasal obstruction started eight months ago and increased in last six months, resulting in headaches, facial pain, anosmia and intermittent bloody nasal discharge eventually. There was no special condition in family history, also no comorbid diseases and trauma history. At physical examination a pale gray, smooth polypoid lesion obstructing the right nasal cavity was detected. Endoscopic examination of the left nasal cavity revealed a septal perforation of 5×10 mm at the posterior nasal septum, through which the tumor passed from right to the left nasal cavity.

Computed tomography (CT) (Brilliance CT, Philips, Amsterdam, the Netherlands) of the paranasal sinuses revealed a soft tissue mass expanding and remodeling the superior and

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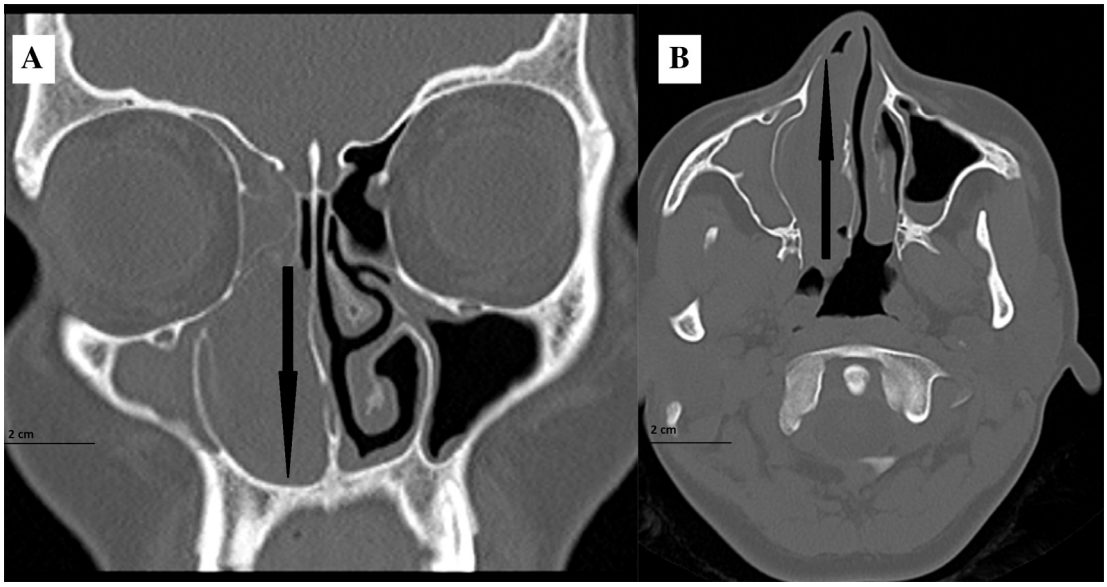

Figure 1 Paranasal sinus CT sections; A – coronal B – axial.

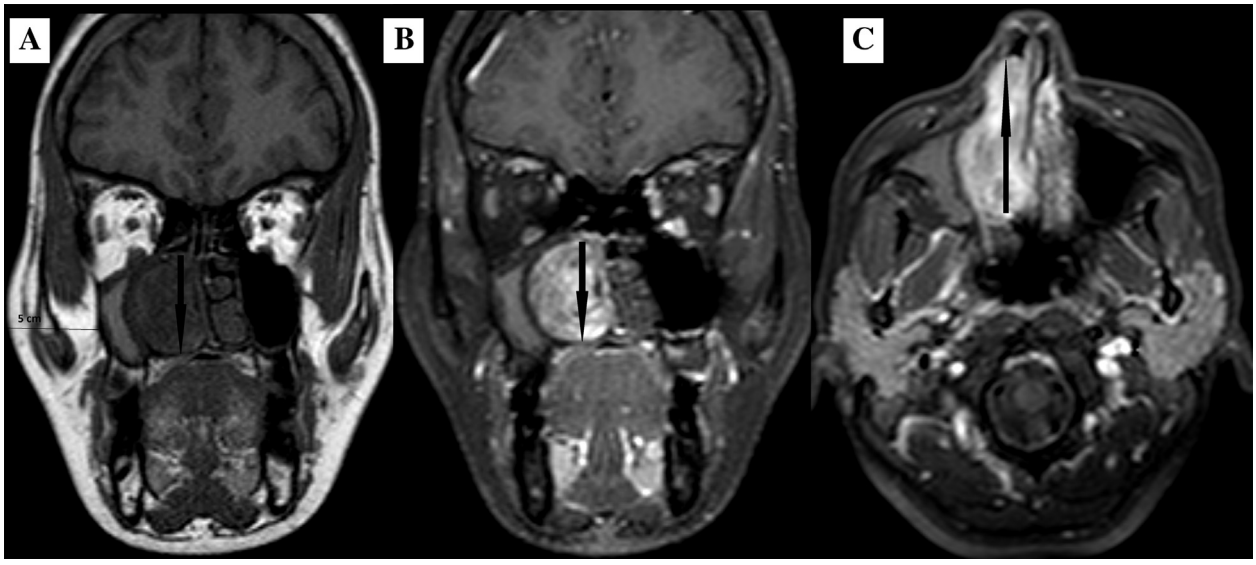

Figure 2 Paranasal sinus MRI sections; A – T1A coronal, B – T1A coronal contrast enhanced, C – T1A axial contrast enhanced.

inferior conchae and the medial wall of the maxillary sinüs, leading to the obstruction of right nasal cavity (Fig. 1A and B).

T1-hypointense and T2-hyperintense mass lesion of 47×17 mm at right nasal cavity showing postcontrast enhancement was detected by the magnetic resonance imaging (MRI) (Philips Achieva 1.5T, Philips Medical Systems, Best, The Netherlands) of the paranasal sinuses (Figs. 2A–C and 3A and B).

Diagnostic incisional biopsy was performed and with Ki-67, immunohistochemical nuclear staining was 5%. These histopathological findings suggested a benign mesenchymal tumor growth.

Midfacial degloving and endoscopic approach were combined for surgical treatment. The tumor in the right nasal cavity did not invade the surrounding soft tissues and originated from the posteromedial area of the septal nasal cartilage, close to the bony cartilaginous junction. Nasal septal perforation was observed right anterior to this site. Perpendicular plate of the ethmoid bone and septal cartilage near the tumor were excised along with the tumor.

Postoperative histological examination of the specimen showed a benign tumoral growth consisting of spindle shaped cells with round nuclei, arranged in interlacing fascicles nested in histiocyte groups. Immunohistochemical staining for differential diagnosis of the nerve sheath tumors demonstrated vimentin(+), CD68(+) (in histiocytes), CD34(−), SMA(−), Desmin(−), S-100(+), EMA(−), PANC(−) hence the diagnosis was confirmed as schwannoma (Fig. 4).

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