Spontaneous Expulsion of Schwannoma of Epiglottis

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A rare case of spontaneous expulsion of schwannoma of epiglottis is being reported. These are neurogenic tumours arising from the schwan sheath of peripheral, cranial and sympathetic nerves. The great majority of these neurogenic tumours originate from aryepiglottic fold or false vocal cords. However the neurofibroma of the epiglottis are quite uncommon.

Key Words : Schwannoma; Neurofibroma; Epiglottis.

INTRODUCTION

The term schwannoma is used in an appropriate generic sense for tumors arising from the schwan cell in peripheral and some cranial nerves. It includes the clinicopathologic lesions called neurilemmoma, neurofibroma, plexiform neurofibroma and neurogenous sarcoma. The neurilemmoma is a solitary and often encapsulated tumor usually attached to or surrounded by a nerve. The neurofibroma is nonencapsulated and often multiple. Neurogenous tumors are infrequently reported in the upper respiratory tract. Approximately 25-30% of neurilemmomas occur in the region of head and neck (Putney et al 1964), however neurogenic tumors of larynx are quite uncommon. Souchanek (1925) reported the first case involving larynx. Cali (1965) reviewed all the published cases and observed a total of 61 neurogenic tumors involving larynx. By 1969, 86 patients with primary schwann cell tumors of the peripheral nerves of the larynx had been reported. In the Armed Forces Institute of Pathology, Otorhinology (1976-1983) there were 7 neurilemmomas, 3 neurofibromas and 1 case each of neurofibrosarcoma and malignant

schwannoma reported arising in the larynx. Sharma et al (1995) reported a case of neurilemmoma of larynx in an eighteen year old child. There is as yet no report of spontaneous expulsion of Schwannoma in the available literature. The present case is reported because of its rarity and spontaneous expulsion.

CASE REPORT

A 30 years old well built male attended ENT, OPD with history of spontaneous expulsion of almond size tumor mass measuring 2.5 x 1.5 cm. On interrogation patient stressed that this came out during forceful coughing and after that he felt a thread trickling in the throat. On further interrogation patient gave history of foreign body like sensation in throat for last 20 days with irritating dry cough. There was no change in voice. On indirect laryngoscopy, there was a stalk arising from right border of epiglottis. Tissue was submitted for histopathological examination preserved in 10% formaline. On histological

Fig.1

Microphotograph shows elongated spindle shaped cells with pointed end, embedded in delicate fibrocollagenous stroma. At places it shows palissading of nuclei with verocay bodies. H.E. Stain – 100 x magnification

examination it turned out to be neurofibroma showing delicate spindle shaped cells embedded in loose textured stroma (Fig.1). At places nuclei were poorly aligned to each other. The nuclei were serpentine with sharply pointed end. Area of haemorrhage, necrosis or cystic degeneration were not seen. Patient was kept for direct laryngoscopy examination under general anaesthesia and stalk was removed. The stalk was also submitted for histopathological examination and it showed spindle shaped schwann like cells embedded in delicate loose textured fibrous stroma. Patient was discharged with uneventful recovery.

DISCUSSION

Neurogenic tumors are infrequently reported in the upper respiratory tract. By 1969, 86 patients with primary schwann cell tumors of the peripheral nerves of the larynx had been reported. In the Armed Forces Institute of Pathology, Otorhinology (1976-1983) seven were of neurilemmomas, 3 neurofibromas, and 1 case each of neurofibrosarcoma and malignant schwannoma involving larynx. Elsevaty (1971) collected 89 cases of neurogenic tumors in the literature. Cummings et al (1969) reviewed the records of massachusetts and found only nine histologically proved cases of neurogenic tumors

of the larynx. Of the 89 cases available in the literature upto 1971, 14 were associated with Von Reckling Hausen's disease. The majority of the neurogenic tumors of the larynx are solitary schwannomas. No age groups have been spared and the tumors may present at any age (3 months to 75 years), however they are most common in the third decade (Bathkis and Fox). The incidence is some what higher in female with a ratio of 1:2. The principle signs and symptoms are those of slowly growing lesions, like dyspnoea, dysphonia and dysphagia. The great majority of these neurogenic tumors originate from aryepiglottic fold or false vocal cords. The lesions are usually solitary, lobulated, pedunculated, submucosal and smooth in their configuration. Vocal cord paralysis is not a feature, but the size of the lesion may interfere with movements of vocal cords. Biopsy of these lesions is almost always difficult, nevertheless biopsy by the endolaryngeal route should be attempted if unsuccessful, the lesions have been removed by various external surgical approaches like laryngofissure (Whittam and Morris 1970), median thyrotomy route. Adequate removal has not been followed by recurrence, even if a portion of capsule remains (Kraugh et al 1969). Spontaneous expulsion by violent coughing has not been reported so far in literature.

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