



An Interesting scalp mass. A case report

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Abstract:- Schwannomas are benign nerve sheath tumors arising from Schwann cells. They are most commonly found in the head and neck region, flexor surfaces, upper extremity, lower extremity and trunk. Here we describe the case of a 40 year old man having a swelling over the right occipital region which was asymptomatic and was diagnosed as a schwannoma.

Key words: scalp, schwannoma

Introduction

Peripheral nerve sheath tumors occur all over the body with various frequency. In the head and neck region, the most common site is the vestibulocochlear nerve. Occurrence of schwannomas over the scalp though uncommon, should be considered in the differential diagnosis of a scalp soft tissue mass.

Case report

The patient is a 40 year old male who visited the outpatient department for complaints of a swelling over the right side of the head for one year, which has gradually increased in size. It was asymptomatic except for the cosmetic defect. On general examination, a well defined swelling was noted on the right occipital region. On inspection, the mass was measuring

approximately 3x3 cms, with well defined margins and overlying skin was normal. On palpation, the swelling was 3x3 cms, spherical, had a normal surface temperature, and was non tender, firm, mobile over the underlying bone, with well defined margins. A clinical differential diagnosis of sebaceous cyst or skin adnexal tumor was made. A fine needle aspiration was done which gave a provisional diagnosis of skin adnexal tumor- possibly cylindroma. No radiological investigation was done. Patient was taken up for surgery under local anesthesia and the mass was excised. On histopathology a final diagnosis of schwannoma was made. Post operatively the patient had an uneventful recovery.

On further investigation, including a full body cutaneous examination, ophthalmological examination and neurological evaluation, no evidence of neurofibromatosis was discovered.



Picture 1.

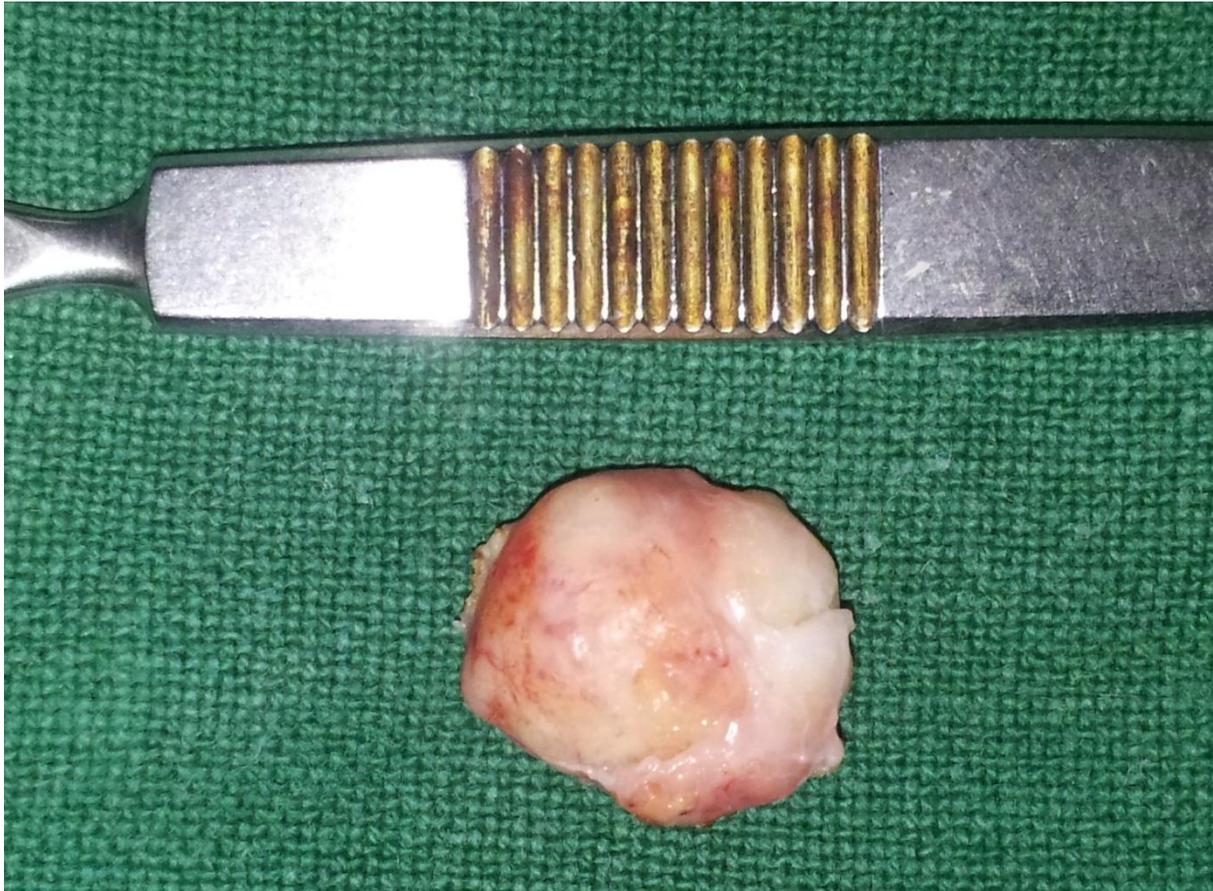


Figure 2.

Discussion

Schwannomas are tumors that arise from the myelin sheath of nerves and are the most common solitary nerve tumor of the body.ⁱ They are present outside the nerve and usually displace the nerve. They are encapsulated and slow growing. Symptoms such as pain, dysaesthesia and parasthesia are produced due to compression of the concerned nerve. In the head and neck region, the commonest site is the vestibular nerveⁱⁱ. Nonvestibular head and neck schwannomas occur most commonly in the parapharyngeal spaceⁱⁱⁱ.

Schwannomas occur in the head and neck region in approximately 25% of the cases and are sometimes associated with Von Recklinghausen's disease in 8–18%.^{iv} Schwannomas are equally distributed between genders, and the greatest age incidence reported was between the 3rd and 5th decades.^v In our patient it was not associated with von Recklinghausen's disease.

Treatment of the peripheral nerve schwannomas includes enucleation of the tumor with preservation of function of the nerve.⁴

Local recurrence may occur following incomplete excision.^{vi} In our patient the nerve of origin was probably a branch of greater auricular nerve or lesser occipital nerve.

As scalp schwannomas are rare, various soft tissue masses of the scalp must be considered in the differential diagnosis.

7% of dermoid cysts occur on the head and neck, with the orbit most commonly affected^{vii}. Other soft tissue scalp swellings are lipoma, cephalohematoma, Langerhans cell histiocytosis, angiolymphatic malformation, neurofibroma, chloroma, meningo/encephaloceles.

Benign skin adnexal tumors such as cystadenoma, cylindroma and syringoma should also be considered.^{viii} As a majority of these lesions can be differentiated on the basis of radiological characteristics (MRI), it is essential to get radiological investigations done prior to taking up the patient for surgery.⁸

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