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Schwannoma of the posterior pharyngeal wall

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Abstract
Schwannoma arising from the posterior pharyngeal wall is extremely rare. We report a 24-year-old female patient who had suffered from dysphagia and discomfort for two months. The tumour was excised completely via the intraoral approach. No recurrence was found after the follow-up period of one year. To our knowledge, only four cases of schwannomas from the posterior pharyngeal wall have been reported, and this patient is the fifth.

Key words: Pharyngeal Diseases; Neurilemmoma

Introduction

Schwannoma is a benign, encapsulated, slowing growing neoplasm of neural crest origin. In the head and neck area, the commonest site is the parapharyngeal space.[1] The incidence of schwannoma in the posterior pharyngeal wall is rare. The nerve origin of these tumours most likely belongs to the peripharyngeal plexus.[1,3]

Case report

A 24-year-old female presented with a history of the sensation of a lump in the throat and progressive swallowing difficulty accompanying stridor for two months. On physical examination, soft tissue occupying nearly the whole pharynx and restricting the airway was found (Figure 1). At surgery, a well-encapsulated mass about 3×2 cm in size above the larynx with a broad fibrotic band from the posterior pharyngeal wall was found. Complete tumour excision was performed using the laryngoscope and mouth gag alternatively.

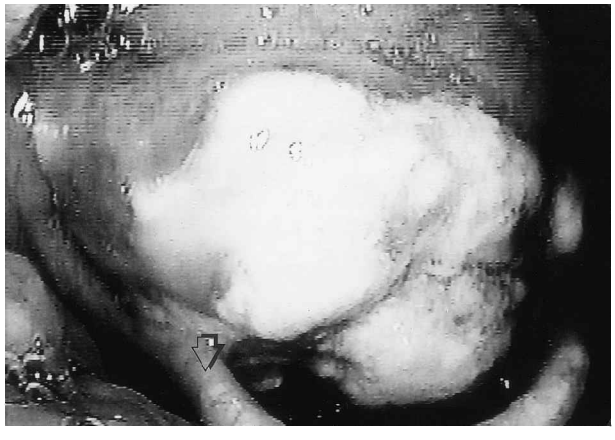

Fig. 1
The epiglottis (arrow) and the schwannoma of the posterior pharyngeal wall.

Pathological examination showed a schwannoma containing both Antoni A and Antoni B type tissue (Figures 2 and 3). Dysphagia and respiratory disorder were improved after the operation. No recurrence was found at the follow-up period of 12 months.

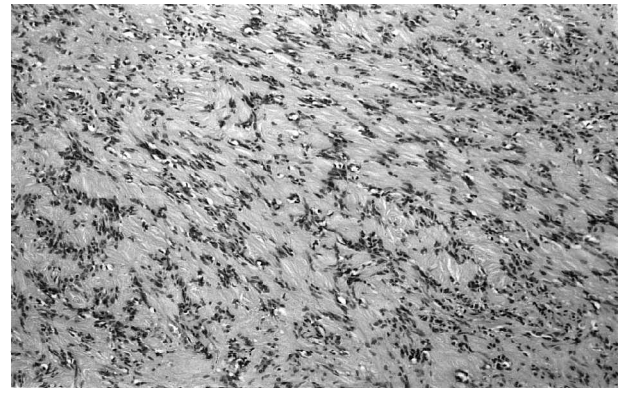

Fig. 2
Histological photomicrograph showing an Antoni A tissue pattern (H & E; ×100)

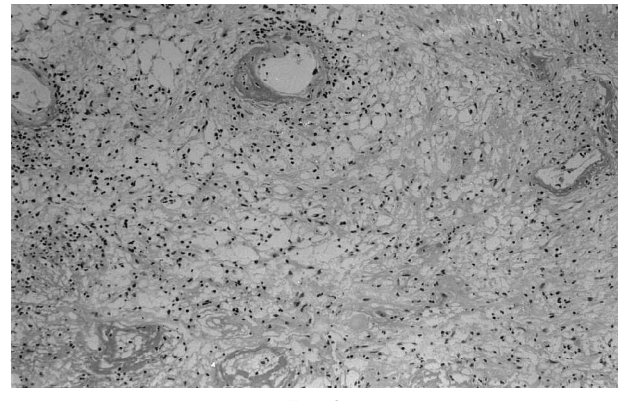

Fig. 3
Histological photomicrograph showing an Antoni B tissue pattern (H & E; ×100)

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Discussion

Schwannomas are benign tumours of Schwann cell or nerve fibre sheath cell origins.[2,3] The commonest site of schwannoma in the head and neck area is the parapharyngeal space and the commonest nerve of origin is the vagus nerve.[2] The least common site is the posterior pharyngeal wall because only four such cases have been reported previously, this patient is the fifth.[1–4]

The symptoms and signs of these five cases, pre-operatively, were progressive pharyngeal swelling, dysphagia, tenderness, and respiratory disturbance. These complaints were induced by the pressure of the tumours.[1–3]

Andre and Laccoureye[4] and Singh *et al*.[2] reported on patients with schwannoma in the posterior pharyngeal wall eroding the body of the cervical vertebra. Triaridis *et al*.[1] and Haraguchi *et al*.[3] reported on the same cases but theirs presented with a mobile mass in the pharynx without communication to the vertebra. Our patient was similar to the latter.

The treatment of choice for schwannoma is as complete a surgical excision as possible. The patients reported by Singh *et al*. received excision via the external approach but operations on our patient and others were performed via an intraoral approach. No recurrence was reported in these five cases. A solitary pharyngeal tumour theoretically may be excised by the intraoral route. However, the limited surgical exposure and risk of bleeding must be taken into consideration when using this approach.

Post-operatively there was no damage to the IXth and Xth cranial nerves. These schwannomas may originate from the peripharyngeal plexus.[1–3] The ages of these cases were 45, 21, 36, 60 and 24 years old respectively. The ages were not significant.

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