

Schwannoma (neurilemmoma) of the tonsil

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Abstract

Schwannoma of the tonsil is an extremely uncommon clinical entity with only one reported case in an adult in the medical literature to date. We report, to our knowledge, the first known case in a child.

Key words: Neurilemmoma; Tonsil; Child

Case report

A 13-year-old girl presented to our department with a three-week history of difficulty with swallowing. The child had previously been completely healthy. Examination of the oropharynx revealed a smooth, yellow cystic, lesion arising from the left tonsil. The rest of the examination was unremarkable. Under general anaesthesia, a solid 3 × 1 cm mass was excised from the lower pole of the left tonsil. The patient was discharged home on the morning following

surgery and made an uncomplicated recovery. Subsequent follow-up has not shown any evidence of recurrence.

Histology

A low magnification view of the lesion showed a well-demarcated nodular appearance with intact mucosal cover (Figure 1). Higher magnification showed a spindle cell structure with areas of palisading (Figure 2). These appearances are consistent with a schwannoma.

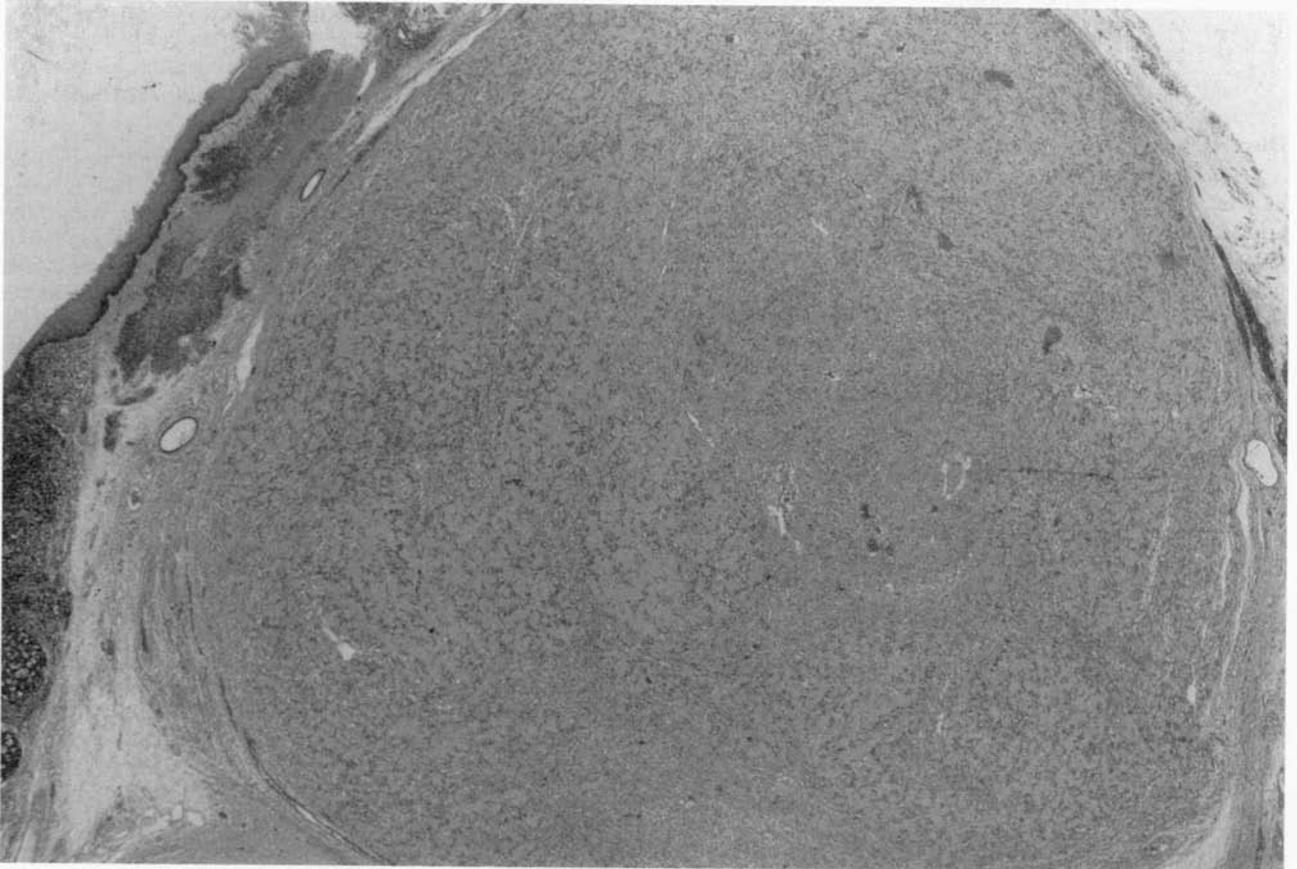


FIG. 1

Well demarcated tumour mass enclosed by intact mucosa (H & E; 40)

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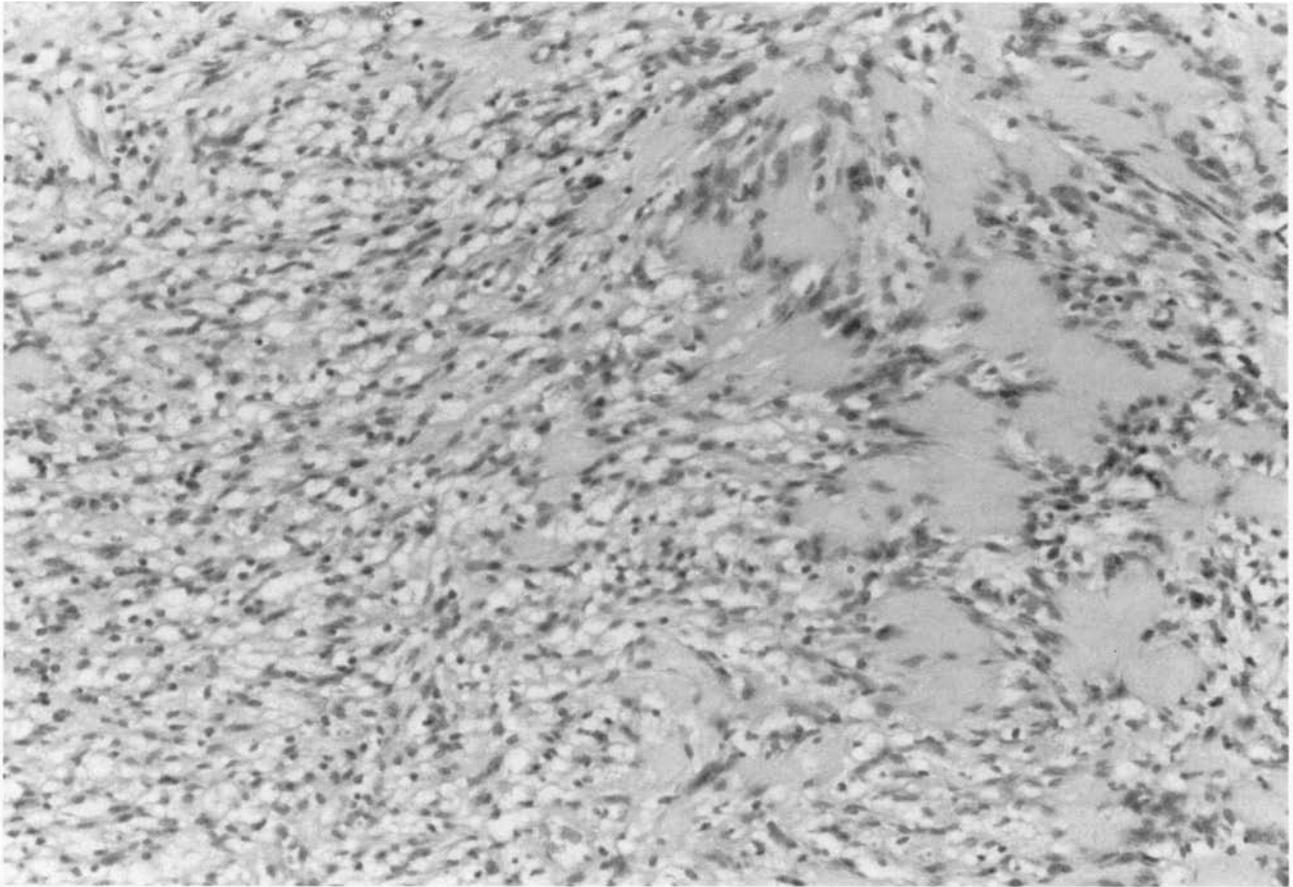


FIG. 2

The tumour is composed of spindle cells with areas of palisading (H & E; 360)

Discussion

Schwannomas or neurilemmomas were first described by Verocay in 1908. They are benign tumours, which can arise from Schwann cells of either somatic or autonomic nerves. Schwannomas are the commonest benign tumour of the pharynx. However, only one case of a tonsillar schwannoma has ever been documented in an adult (Naik and Agrawal, 1975), but no cases have ever been reported in children. Approximately 25–45 per cent of all schwannomas occur in the head and neck region (Barnes *et al.*, 1985).

Pharyngeal schwannomas present with discomfort due to the mass effect of the tumour but pain is uncommon. Examination shows a smooth mass, soft or moderately firm in consistency, without any evidence of ulceration of the mucosa. The lesion is attached to its nerve of origin but is otherwise relatively mobile. Macroscopically they are well circumscribed, encapsulated, and may show cystic degeneration (Apte and Tepan, 1969). Two microscopic appearances have been described which can be present within the same tumour. The first arrangement is more solid, with the Schwann cells lying in rows resulting in palisading of the nuclei and is referred to as Antoni A tissue. A second arrangement where the Schwann cells are spaced loosely is called Antoni B tissue. In the head and neck region, between two and 10 per cent of schwannomas are malignant (Triaridis *et al.*, 1987), emphasizing the need for excision.

In summary, schwannomas are the most common form of benign pharyngeal tumour, and they should be excised because of the slight risk of malignancy. This case is being presented because of the rare site of the lesion within the tonsil. The only other similar documented case was found to be in an adult. To our knowledge, this is the first such case presenting in a child reported in the world literature.

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