

Auricular Schwannoma: A Case Report

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ABSTRACT

Schwannoma is a benign tumor of Schwann cells and is seldom to be seen in the auricle. In the literature, very few cases of Schwannomas originating in the pinna were reported. In this article, we described a 35-year-old female patient who presented with right painless auricular mass which was treated by excision under general anesthesia. The clinical and histopathologic features, the differential diagnosis, and the treatment of auricular Schwannoma are discussed.

Keywords: Auricle, Case report, Ear, External ear canal, Pinna, Schwannoma.

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INTRODUCTION

Schwannomas are slowly growing benign tumor of neuroectodermal origin. Schwannomas are well known to arise from Schwann cell of the branches of peripheral, cranial, or autonomic nerves. They are usually presented as a painless solitary swelling. They are affecting the head and neck in 25–45% of the cases, where the vestibular Schwannoma is the commonest. The presentation of head and neck Schwannomas depends on their location. Auricle is a rare site of affection by Schwannoma.¹ The first case of external ear Schwannoma was reported in 1977.² When we were reviewing the literatures, only five cases of auricular Schwannomas were reported in the world.^{1–5} In the present article, we describe a further case of auricular Schwannoma.

CASE DESCRIPTION

A 35-year-old female was presented to the outpatient ENT clinic in AL-Hussein Teaching Hospital/Samawah city with painless swelling over the posterior aspect of the right auricle (Fig. 1) 2 years ago, the swelling is gradually increasing in size. There is no history of previous trauma or surgery. No other ear, nose, and throat or general symptoms.

The mass is non-tender, oval in shape, measured 5 × 3 cm in diameters, freely mobile, fluctuant, and the overlying skin is warm on touch and there is an increase in its vascularity. There is no scar and no changes over the skin surrounding the swelling. The swelling is neither pulsatile nor compressible. Other ear, nose, and throat examination were completely normal. We put the sebaceous cyst, epidermoid cyst, lipoma, hemangioma, and keloid as a differential diagnosis for such mass.

The mass was easily excised completely under general anesthesia and sent for histopathological examination. Grossly, the mass is oval in shape, 5 × 3 cm in diameters, when we excised part of it, its cavity contains a blood with a thick wall, but it contains no hair (Fig. 2).

The histopathological result showed the diagnosis of auricular Schwannoma (Fig. 3). The tumor cells were stained strongly for S-100 protein on immunohistochemical staining. The final diagnosis of the mass was established as auricular Schwannoma. There is no recurrence during a 3-year follow-up. This study was

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DISCUSSION

Verocay in 1908 was the first who described the solitary Schwannoma and gave it the name of neurinoma; the name Schwannoma was assigned by Batsakis in 1974. Schwannoma is also known by other terms, such as neurinoma, neurilemmoma, mioschwannoma, Schwannoglioma, etc.⁶ The first case of auricular Schwannoma was reported by Fodor et al. in 1977. Following this case, only four cases were reported in the world.^{1–5}

Schwannoma is a slowly growing, painless, benign, encapsulated tumor arising from Schwann cell, so any nerve could be affected by this kind of tumor except the olfactory and optic nerves. Affection of the external ear by Schwannoma is extremely rare.⁷

The nerve supply to the auricle are derived from auriculotemporal, greater auricular, lesser occipital, and partly from facial and vagus nerves.¹ Owing to the location of the presenting case, the swelling may have originated from the branch of greater auricular nerve.

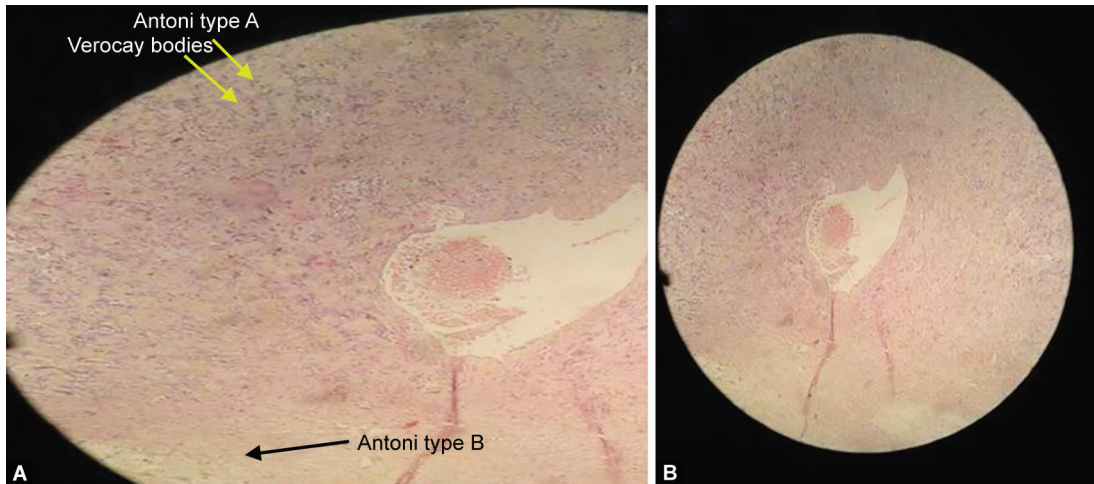
Due to its rarity occurrence, auricular Schwannoma is rarely put in the differential diagnosis of the swelling of the pinna. The final diagnosis of the Schwannoma depends on histopathological evaluation and immunohistochemical study. The treatment



Fig. 1: The patient with right auricular mass



Fig. 2: The excised mass contains a blood within its cavity and has a thick wall



Figs 3A and B: Microscopic section of the tumor showing areas of compact spindle cells arrayed in a palisade pattern known as Antoni type A, Antoni type B, verocay bodies and an area of hemorrhage within a cavity. [H&E staining, (A) 40x; and (B) 4x magnification power]

of choice for such tumor is by complete surgical excision. The recurrence is rare after complete surgical removal.⁷

CONCLUSION

Despite auricular Schwannoma is extremely rare tumor, it should be considered in the differential diagnosis of a benign looking swellings of the pinna.

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