

# Nasal Alar Schwannoma: A Case Report And Review Of The Literature

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## Background

- Schwannoma's are benign peripheral nerve sheath tumors with 45% occurring in the head and neck region.<sup>1</sup>
- Within the head and neck only 4% occur in the sinonasal cavity, the majority originating from the nasal septum.
- Only 5 reported cases have involved the nasal ala.<sup>2</sup> We report a rare case of a nasal schwannoma originating from the ala.

## Clinical Presentation

- 48 year old male with a multi-year history of left nostril mass that gradually increased in size over the same time period.
- Denied nasal bleeds.
- Endorsed a some nasal obstruction along with history of chronic rhinitis currently controlled with medical management.
- Physical examination revealed a firm 1cm mass along the ventral surface of the left nasal vestibule near the left lower lateral crura without overlying skin changes or punctum.
- No preoperative imaging performed given benign appearance on physical examination

## Differential Diagnosis

- Epidermal Inclusion Cyst
- Dermoid
- Teratoma
- Sebaceous Cyst
- Furuncle
- Lipoma
- Lobular capillary hemangioma
- Hamartoma
- Schwannoma
- Retained foreign body

## Treatment and Management

- Surgical excision was performed given increased size and symptomatology Final pathology consistent with Schwannoma
- 3 month post operative MRI without evidence of recurrence

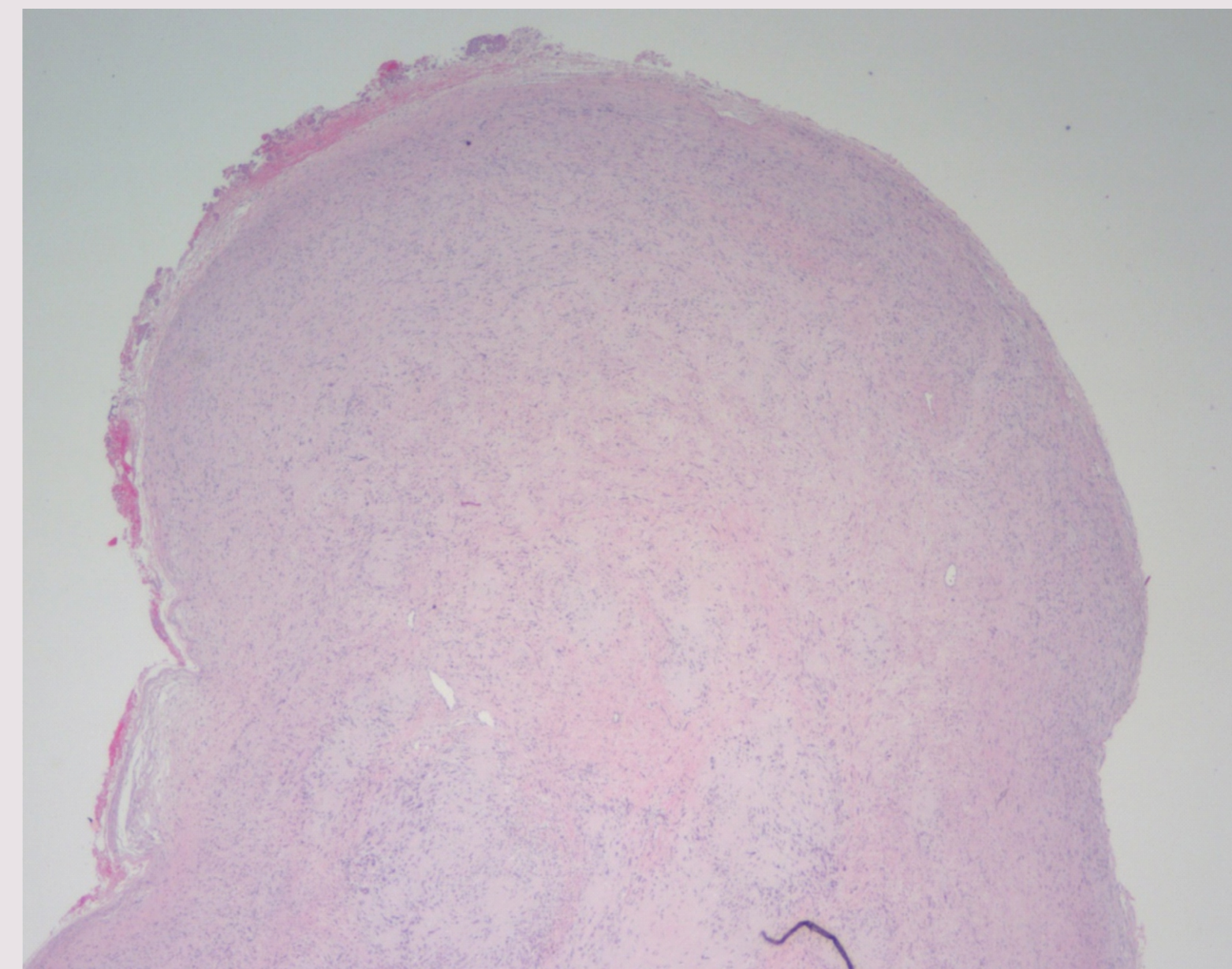


Fig. 1 Low power view of circumscribed and encapsulated, spindle-cell soft tissue neoplasm – hematoxylin and eosin (H&E)

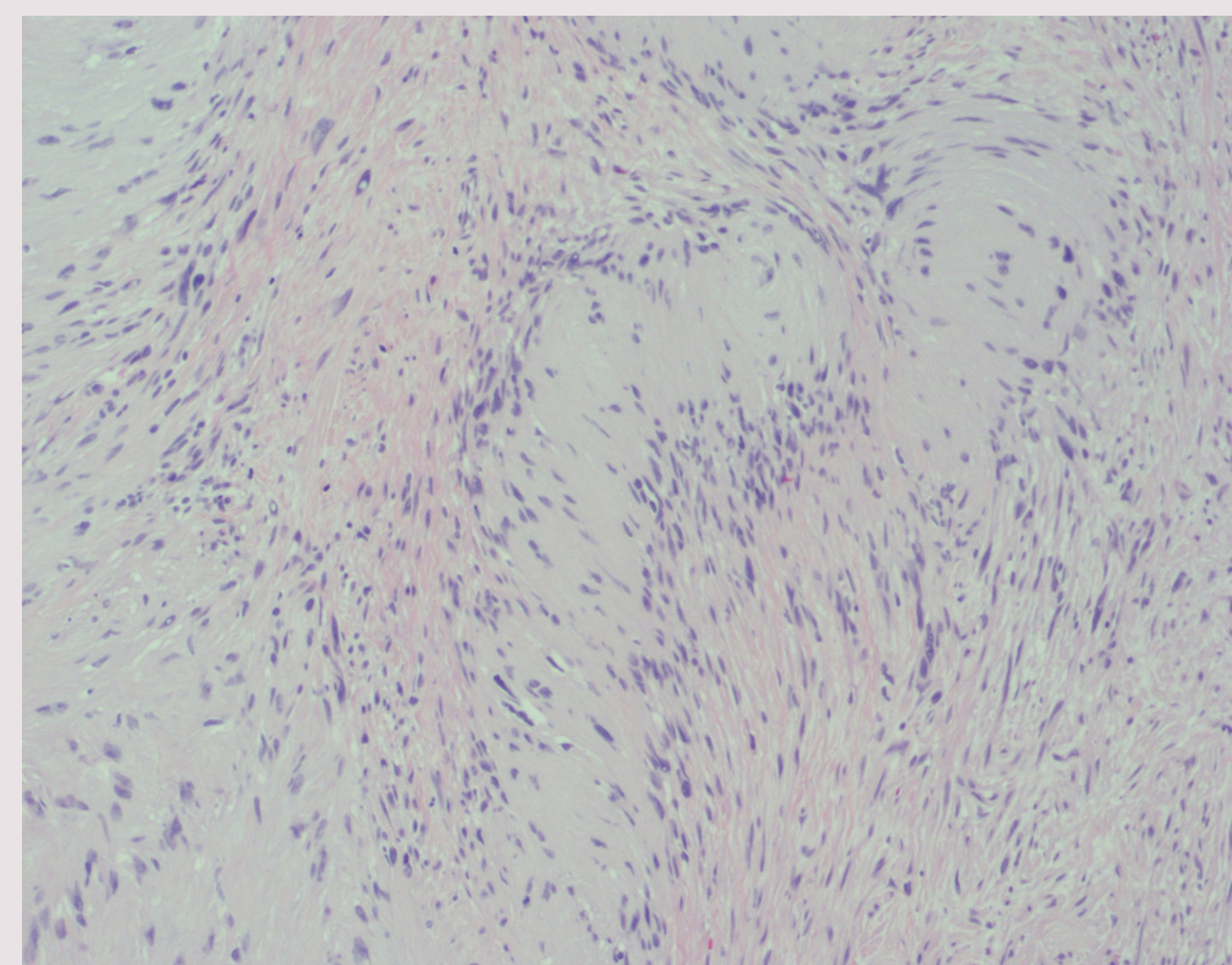


Fig. 2 Medium power view of palisaded nuclei around a relatively acellular region known as a Verocay body – H&E

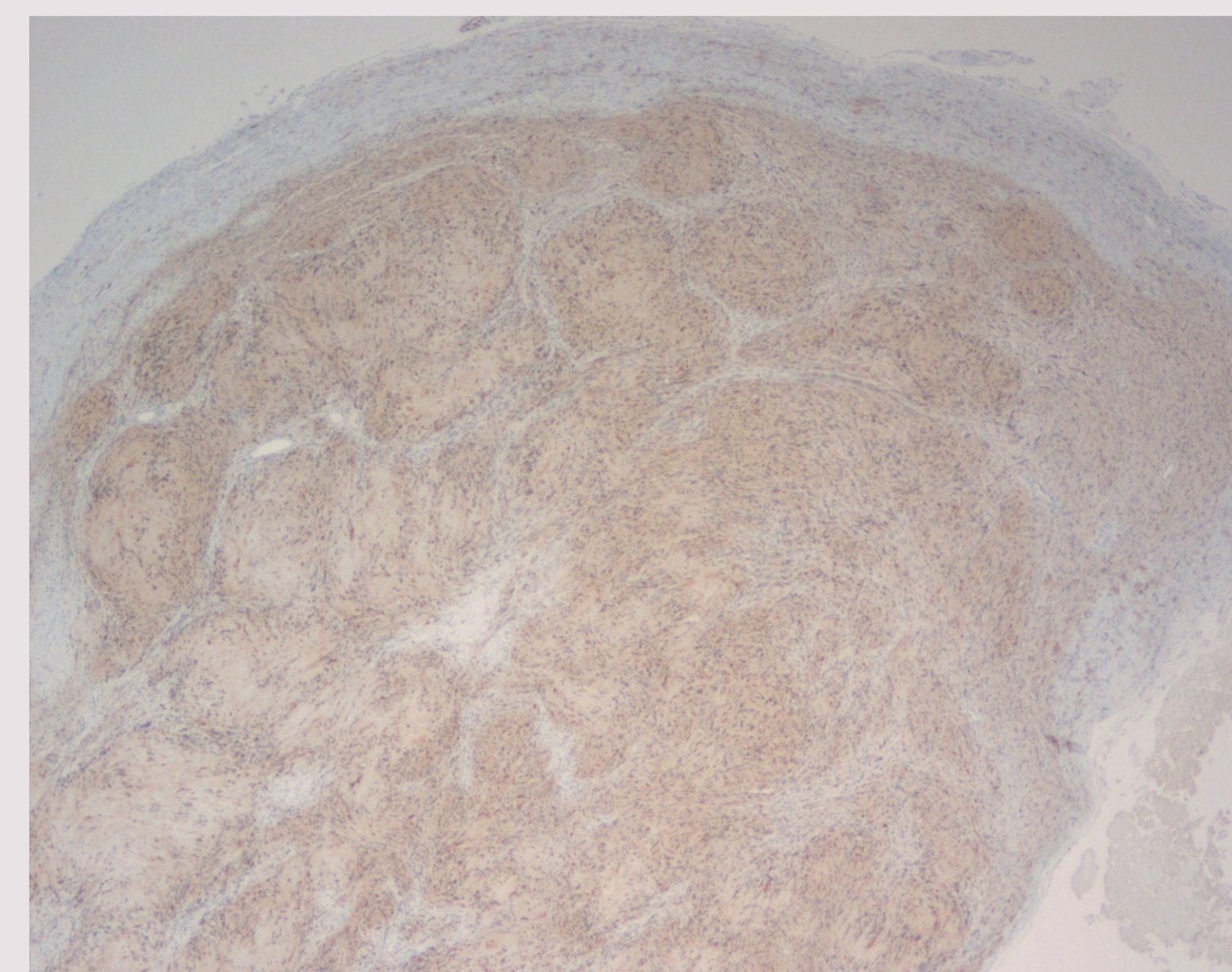


Fig. 3 Low power view of positive S-100 immunohistochemical stain, highlighting neural elements

## Conclusion

- Nasal alar schwannoma's are benign tumors likely of Trigeminal nerve peripheral sheath origin, with rare malignant transformation.<sup>3</sup>
- Patient symptoms are non-specific and exam should include nasal endoscopy and consideration for preoperative imaging should be given for CT scan and/or MRI based on physical examination findings.
- Surgical excision is the treatment of choice with characteristic pathologic findings including Antoni A and Antoni B patterns along with positive S-100 staining

## Military Relevance

- Nasal masses can be benign or malignant in nature. Prompt recognition and appropriate evaluation with treatment as indicated can allow confirmation of diagnosis limiting operational down time for Service Members allowing completion of operational requirements.

## References

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3. M. Berlucchi, C. Piazza, L. Blanzuoli, G. Battaglia, P. Nicolai, Schwannoma of the nasal septum: a case report with review of the literature, *Eur. Arch. Otorhinolaryngol.* 257 (2000) 402–405.