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INTRATEMPORAL FACIAL SCHWANNOMA COMPLETE EXCISION A CASE REPORT

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Abstract : The facial schwannoma is the most common tumour of the facial nerve. Benign slow growing tumour often diagnosed late. A 16 year old girl presented with history of right ear blood stained discharge for 3 years, inability to close right eye and deviation of angle of mouth to left for 2 years ,hard of hearing in right ear for 2 years, right ear pain for 1 year. Patient underwent right ear mastoidectomy on 2013.Biopsy report came as facial schwannoma with intracranial extension with grade V facial palsy. Fronto Temporo Parietal Zygomatic craniotomy was done on Nov 2014. Now patient again presented with blood stained ear discharge for 6 months. Translabryinthine approach was carried out and complete removal of the tumour was done. Cholesteatoma was found in the middle ear cavity due to the trapping of epithelium by the tumour. Cholesteatoma was also excised. Postoperatively patient improved from her symptoms.Patient is on regular follow up with no recurrences.

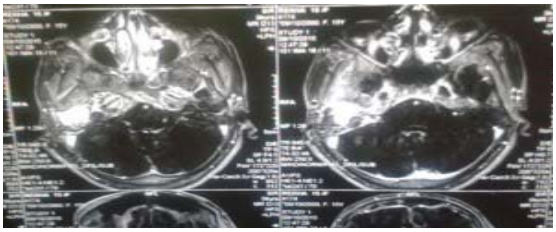
Keyword : Facial Schwannoma, Cholesteatoma , Translabryinthine approach

INTRODUCTION:

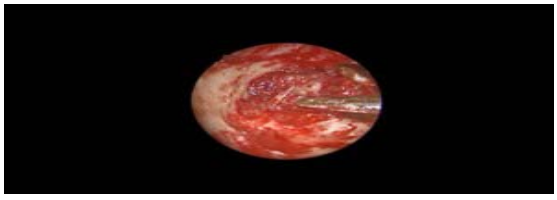
The facial schwannoma is a rare tumour arising from Schwann cell sheath. The Schwann cells(named after physiologist Theodor Schwann) or neurolemmocytes are the principal glia of the peripheral nervous system.Glial cells function to support the neurons in the peripheral nervous system.There are two types of Schwann cells myelinating and nonmyelinating.Myelinating Schwann cells wraps around the motor and sensory neurons forming myelin sheath. Charcot-Marie-Tooth disease(CMT),Guillain Barre syndrome (GBS,Acute inflammatory demyelinating polyradiculopathy), schwannomatosis, chronic inflammatory demyelinating polyneuropathy(CIDP),Leprosy are the neuropathies affecting Schwann cells.

CASE REPORT:

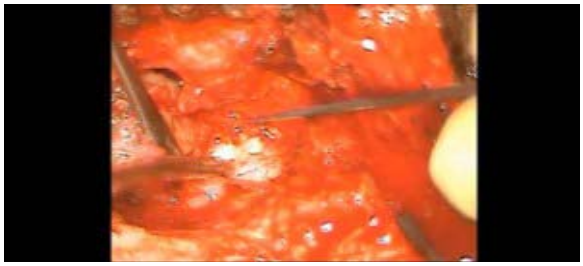
A 16 years old girl from Chennai presented with right sided facial palsy and right ear blood stained discharge since 2013.Patient underwent right mastoidectomy and was diagnosed to have facial schwannoma with intracranial extension. She again underwent Fronto Temporo Parietal Zygomatic craniotomy. Patient improved after surgery. But after which she came with complaints of right ear blood stained ear discharge for 6 months. On examination ,fleshy mass was seen obliterating the external auditory canal, sensitive to touch, could not be probed all around, TM could not be visualized.Grade V facial palsy was present.MRI brain showed enhancing isodense mass filling the middle ear cavity, mastoid.



Translabryinthine approach was performed under general anaesthesia, with patient in supine position with head turned to left side. Postauricular incision was made 3cm behind the retroauricular sulcus. Cortical mastoidectomy was done. Fleshy mass was seen filling the mastoid antrum, aditus, attic. Bridge was removed and ridge was reduced. Anterior canal wall was drilled further to see the extent of tumour. Cholesteatoma was seen filling the middle ear due to the trapping of epithelium by the tumour. Mass and cholesteatoma was removed in toto. Postoperatively patient recovered from her symptoms and she is on regular follow up with no recurrence.



MASS SEEN FILLING THE MASTOID CAVITY.



CHOLESTEATOMA SEEN FILLING THE MIDDLE EAR.

DISCUSSION:

The facial schwannoma is an uncommon benign neoplasm of the Schwann cells.It was first described by Schmidt in 1930.They comprise of 0.8% of all intrapetrous mass lesions. They can extend from cerebellopontine angle to extratemporal peripheral portion. They can involve tympanic portion and labyrinthine portion of the facial nerve,but there is a predeliction for the geniculate ganglion. The symptoms depend on the site of the tumour. Histology shows Antoni A and Antoni B cells. Facial paresis is invariably present, progressive or fluctuating in nature. Second most common symptom is the conductive hearing loss due to the ossicular destruction or sensorineural hearing loss due to the invasion of the inner ear. It can extend to the middle cranial fossa through roof the temporal bone or anteriorly to the facial hiatus through the greater superficial petrosal nerve. The surgical approach depends on the extent of the tumour. The approach to the tumour are Translabryinthine approach, Retrosigmoid approach, Middle cranial fossa approach. In this case, Translabryinthine approach was carried out. In this approach,any size of the tumour can be removed and no disadvantage of cerebellar retraction which can be seen in other approaches. This procedure warrants best line of sight of the facial nerve so facial nerve preservation could be done.

CONCLUSION:

The facial schwannoma is a rare entity,which is often diagnosed late. The treatment plans depends on the site and extent of the tumour. Translabryinthine approach has the advantage of removing any size of the tumour. When compared to other approaches it has also the advantage of no cerebellar retraction. So we preferred this approach.

REFERENCES:

1.Surgical treatment for facial schwannoma.

2.. Kirazli T, Oner K, Bilgen C, Ovul I, Midilli R. Facial nerve neuroma: clinical, diagnostic, and surgical features. Skull Base. 2004;14:115–120.

3.O'Donoghue GM, Brackmann DE, House JW, Jackler RK. Neuromas of the facial nerve. Am J Otol.1989;10:49–54.

4. Saito H, Baxter A. Undiagnosed intratemporal facial nerve neurilemomas. Arch Otolaryngol.1972;95:415–419.

5. Perez R, Chen JM, Nedzelski JM. Intratemporal facial nerve schwannoma: a management dilemma. Otol Neurotol. 2005;26:121–126.

6. Minovi A, Vosschulte R, Hofmann E, Draf W, Bockmuhl U. Facial nerve neuroma: surgical concept and functional results. Skull Base. 14:195–200. discussion 200–191, 2004.

7. Shirazi MA, Leonetti JP, Marzo SJ, Anderson DE. Surgical management of facial neuromas: lessons learned. Otol Neurotol. 2007;28:958–963.

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