Neurilemmoma of tongue

By S. N. Sinha and K. C. Samuel (Kanpur, India)

A NEURILEMMOMA is an encapsulated and solitary tumour of the Schwann sheath of nerve, arising in cranial, sympathetic or peripheral nerves. Neurilemmoma of the tongue is, especially, very rare hence publication may prove of interest. From 1950 up to date only 32 cases were reported in the medical literature of the world.

Clinically neurilemmomas occur as rounded or ovoid firm masses which are non-tender. They are generally well encapsulated and their growth is slow. As they grow larger, they tend to outgrow their blood supply and undergo cystic degeneration in some areas. There is no predilection for any particular part of tongue. The tumour may present with symptoms of dysphagia, discomfort or foreign body sensation. It may present with pain and ulceration. The swelling may be symptomless for years and swelling may be found accidentally. The differential diagnosis includes accessory salivary gland tumours, myoblastoma, retention cyst, fibroma, myxoma and lipoma. In our present case a possibility of ectopic thyroid was also considered as the tumour was present in the region of foraman caecum.

Case report

A 23-year-old man, R.C.P., reported in the out-patient department of G.S.V.M. Medical College Hospital on 1 September 1969. He complained of slowly developing swelling in relation to tongue for last 2 years. The attention of the patient was drawn due to pain in posterior part of tongue, an area normally out of sight. The pain was associated with difficulty in deglutition both for liquids and solids. There was no fever. He received some injections whereby his pain subsided but the mass persisted, as stated by the patient. He had three such episodes before reporting to this hospital. According to the patient, the swelling was slowly increasing in size. One year later he developed a foreign body sensation which is persisting. He tries to swallow something causing irritation in throat but is not relieved of it. This foreign body sensation was his chief complaint at the time of reporting to the hospital. There was no history of change of voice or difficulty in protruding his tongue. There was nothing particular in family history. The patient is non-vegetarian and is not addicted to tobacco or beatle nut chewing or smoking etc.

On examination

The patient was a moderately built and nourished healthy young man. General physical and systemic examination did not reveal any abnormality.

Local examination of the tongue showed a greyish white lobulated swelling with few blood vessels prominent over its surface. The tumour was attached with a broad pedicle in the region of foramen caecum. The overlying mucosa was stretched and shining but no ulceration discernible (Fig. 1).

https://doi.org/10.1017/S0022215100073904 Published online by Cambridge University Press

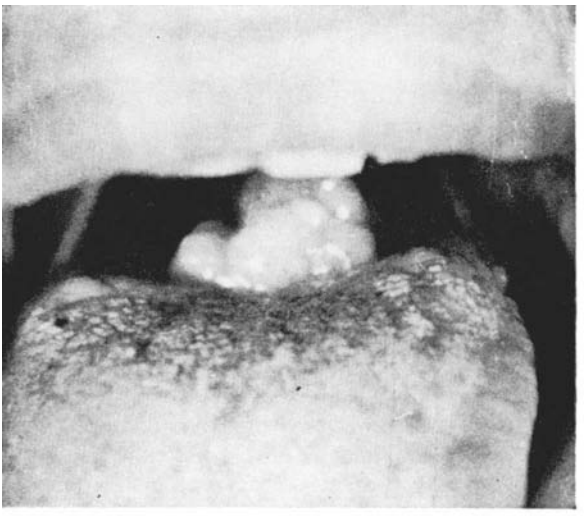


FIG. 1.
Showing tumour on tongue before operation.

On palpation a non-tender firm mass mobile at its attachment was found. No cystic feeling in any area was elicited. Mobility of tongue was normal. The rest of the Ear Nose and Throat examination did not show any abnormality. There was no enlargement of lymph nodes in the neck. As the tumour was present in the region of foramen caecum, a possibility of ectopic thyroid gland was considered, but palpation of midline of neck did not show the absence of thyroid isthmus. A biopsy was done before final removal of the tumour. On histological examination growth turned out to be neurilemmoma (Fig. 2).

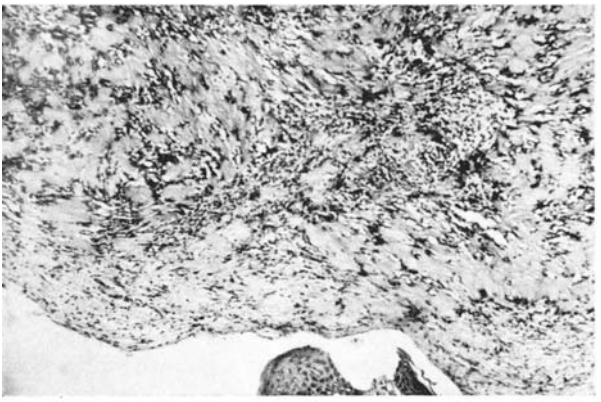


FIG. 2.
Neurilemmoma of tongue with overlying atrophied squamous epithelium. H and E × 60.

https://doi.org/10.1017/S0022215100073904 Published online by Cambridge University Press

Operation

The patient was prepared for operation under general anaesthesia. Naso-tracheal intubation was done. Pharynx was packed with gauze. Tongue was held out and the mouth kept open using Doyen's mouth gag. The growth was caught with a Luc's forceps and removed with the help of a tonsil snare. A small remnant left in the substance of the tongue was excised using a triangular incision. Haemostasis was achieved by obliterating the gap in the tongue by oo chromic catgut stitches. The mucosa was stitched with oo chromic catgut by an atraumatic needle. The patient had an uneventful recovery.

He is perfectly alright 6 months after operation with no complaint and area of operation on tongue looks normal.

Gross description. Several nodular and firm pieces of tissue measuring 1·5 × 1 × 5 cm. were received. Outer surface was irregular. They were greyish white in colour. Cut surface was also homogeneously greyish white.

Microscopically. Tumour is covered on one side by a rather atrophied squamous epithelium. It reveals numerous bands of closely spaced, elongated nuclei arranged in a twisting fashion. At places nuclei show regimentation arranged in two rows or palisade enclosing a space nearly devoid of nuclei, resembling varocay bodies (Figs. 2, 3). In some places Schwannian cells are seen embedded in loose meshwork of fine connective tissue fibres. There is no evidence of malignancy anywhere. No nerve fibres are seen in the tumour.

Diagnosis. Neurilemmoma.



FIG. 3.
Neurilemmoma showing distinct palisading of nuclei. H and E × 240.

Comment

Willis (1967) agrees with the views of Masson and Stout in labelling such tumours as neurilemmoma. The characteristic structural feature of such tumours is the regimentation of neurilemmal cells of Schwann. Among the peripheral neurilemmomas tongue is not an infrequent site. This particular tumour was a slowly growing one, remained well circumscribed and was readily cured, after local removal. It is distinctly a different growth from congenital neurofibromatous macroglossia.

https://doi.org/10.1017/S0022215100073904 Published online by Cambridge University Press

Summary

A slowly growing, circumscribed neurilemmoma situated in the region of foramen caecum of tongue from a male patient aged 23 years having typical characteristic structural features of regimentation of neurolemmal cells of Schwann, is reported.

Acknowledgement

My thanks to the Superintendent of L.L.R. Hospital attached to G.S.V.M. Medical College, Kanpur for permitting me to report this case.

REFERENCE

WILLIS, R. A. (1967) Pathology of tumours, Butterworth, London, Fourth edit., p. 842-55.

Dr. S. N. Sinha,
L/14 Medical College Campus,
Kanpur 2, India.

https://doi.org/10.1017/S0022215100073904 Published online by Cambridge University Press