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Plexiform schwannoma: A case report and a review of the literature

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S chwannomas are benign peripheral nerve tumors, occurring in third to fifth decade of life and presenting as solitary tumor mostly in head and neck region followed by upper and lower extremities. They account for 8% of the tumors of soft tissue and are composed entirely of schwann cells. Various variants of schwanomma have been described as; cellular, plexiform, ancient and psammomatouse. Plexiform schwanomma (PS) is an unusual and rare varient of schwanomma. About 5% of schwannomas grow in plexiform or multinodular pattrern which may or may not be apparent macroscopically. They usually occur in skin and frequently in deep sites. Like classic schwannomas they are encapsulated, but as a group, are more cellular and therefore qualifies also as cellular schwannomas. It is important to be aware of this fact because there is a risk of misinterpreting a lesion as a sarcoma arising in a plexiform neurofibroma. It may occur in patients of neurofibromatosis 2 (NF-2) and schwanomatosis and can easily be confused and mis diagnosed as neurofibromas. We present a case of PS ocuring in a 15 years old male as recurrent index finger mass with no syndromic history. We recieved multiple whitish tissue fragments with grossly nodular cut surface. Histological examination revealed multiple well encapsulated nodules with classic picture of schwannoma having hypercellular (Antoni A) and hypocellular (Antoni B) areas with prominant verocay bodies. S-100 immunohistochemical stain showed diffuse positivity. Surgical excision and tumor removal is the usual mode of treatment of PS. The prognosis is excellent, if the tumor is removed completely without damaging the underlying nerve. Most schwannomas are benign and do not recur when completely excised.

Biography

Fatima S did her MBBS from University of Health Sciences 2010. Currently, she is perusing her post graduate residency from Chughtai Lab. in Histopathology.

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