

# CASE REPORT

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## A RARE CASE REPORT OF SCHWANNOMA OF RIGHT LOWER EYE LID

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**ABSTRACT: INTRODUCTION:** Schwannoma, also referred to as neurilemmoma, is a benign tumor of peripheral nerve arising from Schwann cells that form the neural sheath. These tumours along with neurofibromas form the two most common primary peripheral nerve tumours. Solitary lesions can occur sporadically in the general population but multiple neurofibromas are distinctive feature of neurofibromatosis type 1 and bilateral acoustic schwannomas are a feature of neurofibromatosis type 2. Schwannoma of ophthalmic interest is rare although it has been reported in relation with the orbit, and less frequently with the uveal tract and conjunctiva. Isolated eyelid schwannoma is extremely uncommon. **PRESENTATION OF CASES:** In the department of ophthalmology, G.S.L medical college, Rajahmundry, we came across a rare case of left lower eyelid schwannoma.

**KEYWORDS:** Schwannoma.

**INTRODUCTION:** Schwannoma is a benign peripheral nerve sheath tumor composed of a proliferation of Schwann cells.<sup>(1-5)</sup> Schwannoma is well known to arise in the orbit, constituting 1% of orbital tumors. It occasionally occurs in the uveal tract, conjunctiva, or caruncle.<sup>(3,5)</sup> Eyelid schwannoma is extremely uncommon, and has rarely been reported in the past.<sup>(2-5)</sup> We herein describe a case of eyelid schwannoma in 35years old male.

**MATERIALS AND METHODS:** In the department of ophthalmology, we came across a rare case of schwannoma in the 35years old male.

**CASE REPORT:** 35 year old male came with history of Swelling in the lower lid of the RE since 5 years. According to the history provided by the patient, Small swelling in the right lower lid on the lateral aspect, gradually progressed to the present size since last 5 years. He reported no history of previous trauma or surgery regarding the lesion. He is a known smoker and alcoholic. He had neither family history nor clinical finding of neurofibromatosis. On examination, a 3X3 cm round mass present on the lateral 2/3rds of the right lower lid, Surface is smooth, Skin is pinchable, Sensations are Normal, Mass is mobile. [Fig. 1] The results of anterior segment, lens, and fundus examinations of both eyes were unremarkable. CT Brain and Orbits showed, a well-defined is to hyperdense extraconal mass measuring 2.6 x 2.6 cm in the right inferolateral aspect. Loss of planes between the inferior rectus and the mass. [Fig. 2, 3] Excision biopsy with complete removal of mass was done through a curvilinear horizontal incision is given and orbicularis oculi is separated [Fig. 4], An encapsulated mass is identified [Fig. 5, 6] and it is excised completely and sent to Histopathological examination. On gross examination single mass measuring

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2.2\*2\*1.5cms, smooth surface, [Fig. 7] on cutting showed pale grey white and brownish areas with small cystic spaces. [Fig. 8] Microscopic showed fascicles of spindle cells showing hypercellular areas (Antony A) and hypocellular areas (Antony B) [Fig. 9] and Verocay bodies with intervening collagen, Scattered in between are large congested vessels, few aggregates of hemosiderin laden macrophages and few lymphocytes. Periphery of the tumor outside capsule shows loose fibro-aereolar tissue. [Fig. 10]

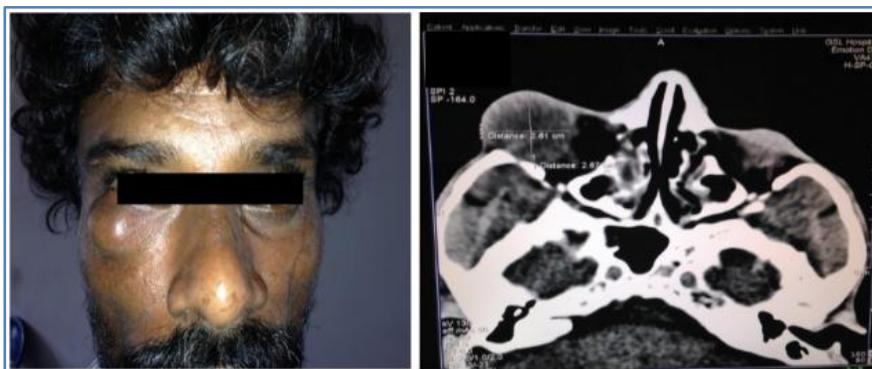
**DISCUSSION:** Schwannomas are benign peripheral nerve sheath tumors composed of a proliferation of Schwann cells, and are almost always benign.<sup>[2-5]</sup> They are relatively common, occurring in many sites throughout the body, making up 1% of orbital tumors.<sup>[3-5]</sup> However, they are rarely found on eyelids, so they are not usually considered in the differential diagnosis of eyelid mass lesions and are easily misdiagnosed as chalazion.<sup>[3-5]</sup> In most cases, while Schwannoma is sporadically manifested as a single benign neoplasm, the presence of multiple Schwannoma is usually benign neoplasm, the presence of multiple Schwannoma is usually indicative of neurofibromatosis-2. However, the term schwannomatosis or neurilemmomatosis has been used to describe patients with multiple non-vestibular schwannomas with no other stigmata of neurofibromatosis-2 or neurofibromatosis-1.<sup>[6]</sup> Our patient had isolated eyelid Schwannoma with no family history or clinical findings of neurofibromatosis-1 or neurofibromatosis-2. Schwannoma is well known to develop in the orbit, constituting 1% of the orbital tumors in a series by Rootman et al.<sup>[7]</sup> Isolated cases have been described in the conjunctiva,<sup>[8]</sup> the uveal tract,<sup>[9]</sup> and the sclera.<sup>[10]</sup> Its occurrence on the margin of the eyelid is extremely rare. Literature suggests that the tumour, though rare, can be present in both upper and the lower eyelids. The size of the tumour ranges from few millimeters to 3.5 cm.<sup>[11]</sup> To avoid eventual recurrence, surgical excision is indicated and has to be complete. There are several clinico-pathologic variants of schwannoma, including conventional schwannoma, cellular schwannoma, and melanotic schwannoma.<sup>[12]</sup> The most important feature in its diagnosis remains the strong reactivity to S100 protein by immunohistochemistry, particularly in Antoni type A areas. In case, immunohistochemical analysis for S100 protein showed a strongly positive reaction. Despite sometimes striking cytologic atypia, mitotic figures are rare. It is postulated that degenerative changes occur due to the long period of time over which large schwannomas develop.<sup>[13]</sup>

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**Figure 1 & 2**



**Figure 3 & 4**

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Figure 5 & 6

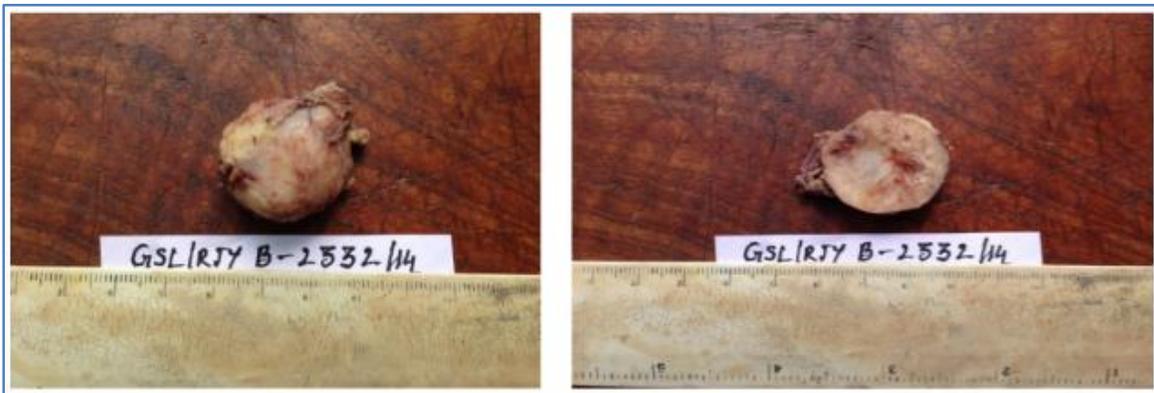


Figure 7 & 8

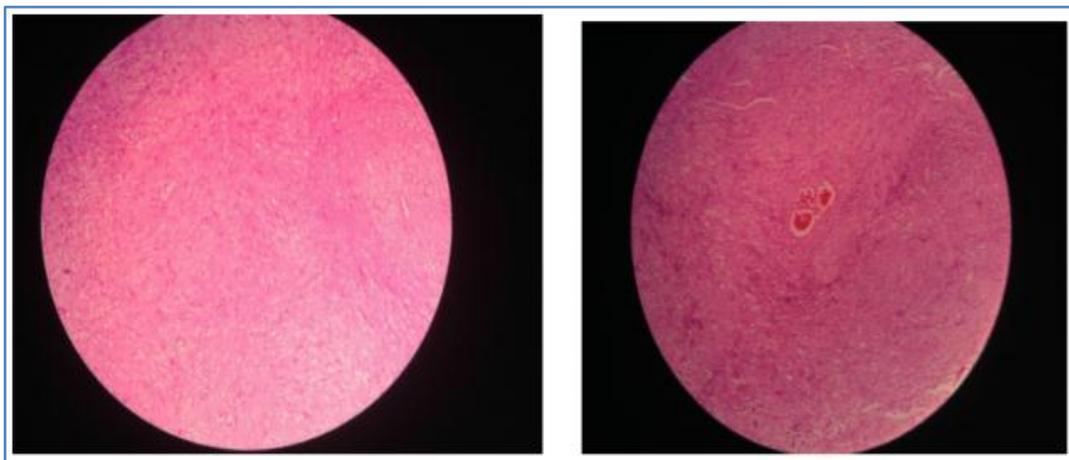


Figure 9 & 10

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