SCHWANNOMA OF UPPER EYELID - A RARE DIFFERENTIAL DIAGNOSIS OF EYELID TUMOR

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ABSTRACT

Schwannoma, also known as neurilemmoma, is a benign peripheral nerve sheath tumor arising from Schwann cells. Schwannoma of ocular area are very rare with most common being in the orbit. The eyelid schwannoma are very rare with only limited number of cases published till date. Here we report a case of 26 year female who presented with a slow growing mass on upper eyelid since 10 years. Histopathological examination of the mass showed features of schwannoma. The lesion was positive for S100 on immunohistochemistry confirming the lesion. Eyelid schwannoma although rare, should be considered in the differential diagnosis of eyelid lesions. Excision of the lesion is the recommended treatment.

INTRODUCTION

Schwannoma is a benign tumor that originates from the Schwann cells that form the neural sheath of the sensory nerves. The most common location for schwannoma is head and neck region followed by limbs and trunk (Enzinger and Weiss, 1995). In ophthalmic region schwannomas are most commonly seen in orbit: other locations include choroid, caruncle, sclera and conjunctiva (Le Marc'hadour et al., 1996). The occurrence of schwannoma in eyelid is extremely rare. Here we report a case of an eyelid schwannoma in a 26 year old female and discuss the various differential diagnoses in these cases.

CASE REPORT

A healthy 26 year female presented with a slow growing painless left upper eyelid mass of 10 years duration. There was associated complaint of heaviness in the upper eyelid and progressive ptosis. There were no associated complaints of itching, redness, photophobia, watering, flashes, and floaters. On examination a firm non tender nodule of size 1x 0.5x 0.3cm was present on left upper eyelid at 2’o clock position. The mass was not adherent to skin or the underlying tissue. Rest of the ocular examination was normal. The lesion was removed under local anesthesia by a full thickness resection of the lid around the tumor. On macroscopic examination the nodule was well circumscribed, non encapsulated, measuring 1.5 cm in the largest dimension. Microscopic examination tumor showed hypercellular (Antoni A areas) and hypocellular (Antoni B areas) [Figure 1 a, b]. The Antoni A areas revealed fascicles of spindle shaped cells with elongated bland nuclei, with surrounding collagenized fibers. No mitosis was seen. On immunohistochemistry the tumor cells were strongly positive for S-100 thus confirming a diagnosis of schwannoma (Figure 2).

DISCUSSION

Schwannoma is made up of proliferating Schwann cells of peripheral nerve sheaths. It can occur wherever Schwann cells are present. Most commonly schwannoma occurs as single benign neoplasm. If multiple schwannoma are present it is usually indicative of neurofibromatosis (Le Marc’hadour et al., 1996). Clinically the tumor is a solid, painless and slowly progressive lesion. In our case the patient presented with painless slowly growing mass of 10 years duration involving the left upper eyelid. It was a solitary lesion with no systemic complaints. The main differentials in such cases are chalazion, inclusion cyst and dermoid cyst. Excisional biopsy with histopathological examination is required for the diagnosis. Microscopically, schwannoma is a encapsulated lesion and classically shows a mixture of two patterns, the Antoni A (dense cellular pattern) and the Antoni B (edematous disorganized pattern). However, the most important feature for diagnosis is the strong reactivity to S100 protein in immunohistochemistry and rare mitotic figures (Touzri et al., 2009; De Jong et al., 2010; Shields and Guibor, 1984; Patil et al., 2010; Jakobiec et al., 2016; Baijal et al., 1994; Shields et al., 1994; Siddiqui et al., 2005; López-Tizón et al., 2007; Chung et al., 2007; Lee et al., 2009; Yuichi et al., 2009;
composed of hypercellular areas (Antoni A) with focal pallisading

On immunohistochemistry the tumor cell were positive for S 100.

Histopathological examination showed a tumor for S 100.

REFERENCES


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