ABSTRACT

FP 21: Hypoglossal nerve schwannoma, Parapharyngeal space, post styloid, right

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Parapharyngeal Space (PPS) tumours are very rare and account for only 0.5% of all head and neck tumours. Approximately 50% of the tumours have a salivary origin, 20% are neurogenic and the remaining 30% are represented by tumours such as benign and malignant lymphoreticular lesions, metastatic lesions and carotid body tumours. Schwannoma (neurilemmoma) is the most common neural tumour next to salivary gland tumour found in the PPS. Vagus nerve is reported to be the origin for 50% of parapharyngeal schwannomas and cervical sympathetic chain is the next common source.

Hypoglossal schwannomas are extremely rare cranial base neoplasms arising from Schwann cells of the 12th cranial nerve (CN) accounting only 5% of all nonacoustic intracranial schwannomas. These tumors are most often seen in middle-age women and can be completely intracranial, intracranial/extracranial, or completely extracranial. Symptoms differ, depending on the location of the tumor. Tongue wasting is present for most patients at the time of presentation. Patients with extracranial tumors may present with a mass in the upper neck or parapharyngeal area, in addition to wasting of the tongue. To date, ~ 160 cases of hypoglossal schwannomas have been reported in the English literature.

A 50 year old male, Filipino, presented at the otorhinolaryngology outpatient department with a 2 years history of a oropharyngeal mass, associated with dysphagia and dyspnea, on physical exam, atrophy of the right side of the tongue, deviation to the right and fasiculations was noted. Eventually managed as a case schwannoma of the parapharyngeal space, post styloid. Patient underwent excision of parapharyngeal schwannoma via a mandibular swing approach under general anesthesia. Intraoperatively the mass was noted adherent to the hypoglossal nerve, the mass was however freed and the nerve was preserved. Post operatively patient was uneventful.

Schwannoma is a benign tumor and surgical excision is curative with rare recurrence. Surgical approach is of dilemma since the parapharyngeal space is difficult to access with large tumors. The surgical approach utilized in this case was adequate to provide maximal exposure rendering complete excision of mass and preservation of important neck structures.

Keywords: Schwannoma, Hypoglossal nerve schwannoma, parapharyngeal space tumor