

27 ULUSAL PATOLOJİ KONGRESİ



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Poster Sunum

Nöropatoloji

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AXILLARY SCHWANNOMA: A RARE CASE

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Introduction

Schwannomas, neurilemmomas, are well capsulated, slowly growing tumors originating from benign neoplastic Schwann cells of the peripheral nerve sheath and are frequently observed in third and fourth decades. While Schwannomas are seen mostly in the head and neck region, comprising about 25% of all the tumor; brachial plexus Schwannomas account for only about 5% of all the mentioned tumor. Due to its rarity and complex anatomical location they can pose the misdiagnosis at the clinical evaluation.

Case report

We present here 63 year-old male with the complaints of painless lump at the axillary region for 4 months which turned out to be an axillary Schwannoma, confirmed by the histopathological examination; revealing the well-demarcated pseudocapsular structure, spindle shaped proliferation exhibiting hypocellular and hypercellular areas including wavy nuclei arranged in the fascicles with focal palisading of nuclei, and the hypocellular ones showing the large number of foamy macrophages and loose myxoid stroma; and immunohistochemistry, exhibiting diffuse cytoplasmic positivity for S-100 protein and was negative for Desmin, Actin, and CD34.

Conclusion

Schwannomas are slow-growing, firm, solitary, well-circumscribed and encapsulated round or ovoid tumors causing eccentric displacement of the nerve fibers. Patients are mostly asymptomatic, but dysesthesia elicited by palpation, sensory loss, and weakness, radicular-type pain can occur. Axillary Schwannoma is uncommon, but should be considered in the differential diagnosis of an axillary mass, particularly in the presence of a nerve deterioration or disability, and if malignancy can be eliminated. Surgery is indicated for the tumors leading pain, neurological dysfunction or for any rapidly growing ones, suspicious for malignancy, and the complete resection represents the cure. Although its rare incidence, the peripheral nerve sheath tumors should also be kept in mind in the differential diagnosis of axillary masses with the other frequent lesions of the axillary region.

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