ABSTRACT

Objectives: 1) Recognize peripheral schwannomas as a differential for lip masses. 2) Understand the pathophysiology of peripheral schwannomas. 3) Understand surgical techniques that can be used to preserve normal tissue and obtain excellent cosmetic results.

Methods: In 2015, the electronic medical records at a major children’s hospital were queried using ICD-9 codes 215.0 (other head and neck neoplasms) and 210.0 (benign neoplasms of lip). In the same year, a Pub-Med search was performed using key words “lip schwannoma”, “peripheral schwannoma”, “head and neck schwannoma” and “peripheral nerve sheath tumors”. Pathology, imaging, notes and photos were reviewed from the electronic medical record.

Results: We were unable to identify any previous patients at our hospital that had been diagnosed with a schwannoma of the lip. We were only able to identify a single pediatric patient in the literature with a lower lip schwannoma. Intraoral schwannomas make up approximately 1% of peripheral head and neck schwannomas and their occurrence in the lip is a small percentage of those. The tumor was excised without evidence of recurrence, and with good cosmetic results.

Conclusions: Peripheral schwannomas are rare tumors that usually occur in adults, but may rarely present in children. These masses typically present as a solitary nodule that is mobile to the overlying skin and mucosa. Because of their encapsulated nature, they are unlikely to recur, can be removed with preservation of surrounding tissue, and therefore surgery results in good cosmetic outcomes.

INTRODUCTION

Schwannomas are peripheral nerve sheath tumors originating from schwann cells. These tumors are benign, encapsulated, slow growing and usually solitary tumors that most commonly occur around the 3rd and 4th decade1,2. Up to 45% occur in the head and neck with 1% occurring in the oral cavity3; most commonly in the tongue4, palate and buccal mucosa5. An isolated schwannoma of the lower lip is rare.

PATIENT HISTORY AND EXAM

Patient was a 14 year old female who presented to our dermatology department with a 2 year history of a slowly growing mass of the lower lip. The mass was mildly tender, did not bleed or ulcerate, no drainage, some possible bruising and had slowly grown with time. An ultrasound was ordered by our dermatology colleagues and showed a solid mass with internal vascularity. Patient was referred to Otolaryngology for surgical excision.

On examination there was a 1.5 x 1.5 cm solid mass in the lower lip, right of midline without significant skin changes, bruising or prominent vessels. The mass was mobile to the surrounding skin and mucosa, mildly tender to palpation. No other skin or mucosal lesions were observed.

SURGICAL EXCISION

Because of the mobility of the mass to the overlying tissue, we decided to remove the mass with a tissue preserving approach. 1% lidocaine with epinephrine was injected in the region of the mental foramen and under the labial mucosa. Bulldog clamps were applied to the lower lip bilaterally just medial to the oral commissure. A vertical incision was made over the mass, followed by sharp dissection until the mass was identified. The mass appeared to be well encapsulated and was readily dissected from the surrounding tissue revealing a tan-pink, firm, lobulated mass measuring 1.8 x 1.5 x 1.0 cm. The orbicularis oris muscle was re-approximated, mucosa was closed with 5.0 chromic and skin was closed with 6.0 chromic followed by Dermabond.

LITERATURE REVIEW

Schwannoma of the lip was first described by Das Gupta et al in 19696. Since that time, there have been 20 reported cases in the English literature7,8,9,10. In the pediatric population, these tumors are even rarer. In our literature search, we could only identify a single reference to a pediatric patient that presented with a lower lip schwannoma9.

DISCUSSION

This tumor in the lower lip is arising from the schwann cells along the mandibular branch of the trigeminal nerve (V3). Its origins, on this sensory branch are unlikely to cause symptoms but may occasionally present with discomfort. Because the tumor tends to be well encapsulated, it can be removed with conservation of surrounding tissue and low likelihood of recurrence11. The tumor origins and composition allow for both excellent cosmetic and functional results. Although rare, schwannoma should be considered in the differential diagnosis of a lip mass.

REFERENCES


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DISCLOSURES

We have no disclosures.