

IMAGES IN OTORHINOLARYNGOLOGY

Nasal septal schwannoma: An extremely rare tumor**Schwannoma del septum nasal: un tumor extremadamente raro**Konstantinos Valsamidis^{a,*}, Iokasti Koutsampasopoulou^b, Konstantinos Titelis^a^a Otorhinolaryngology Department, Georgios Gennimatas General Hospital of Thessaloniki, Greece^b Radiology Department, Papageorgiou General Hospital of Thessaloniki, Greece

A 54-year-old male presented in our clinic, with a 3-month history of unilateral nasal obstruction and sporadic, short lasting episodes of epistaxis. Nasal endoscopy revealed a large, exophytic, right-sided nasal polypoidal mass, occluding most of the right nasal airway. Sinonasal computed tomography (CT) scans demonstrated a large, nodular, homogeneous, low-density, well-delimited mass in the right nasal cavity adherent to the posterior part of the right side of the nasal septum. The lesion extended to the left nasal cavity and caused bone thinning in the medial wall of the right maxillary sinus (Fig. 1). Magnetic Resonance Imaging (MRI) revealed a soft tissue tumor originating from the right side of posterior nasal septum, occupying completely the right nasal cavity and filling the nasopharyngeal lumen. The lesion showed an iso-intense signal compared with the surrounding tissues on T1-weighted images (Fig. 2A), an inhomogeneous enhancement on Gadolinium enhanced T1-weighted images (Fig. 2B) and moderately hyperintense signal on T2-weighted images (Fig. 2C). These MRI findings corresponded to those of schwannoma.

Biopsy (under local anesthesia) was arranged and initial histopathological examination showed areas of high cellularity with spindle shaped cells often arranged in bundles, with groups of parallel wavy nuclei (Fig. 3A, eosin–hematoxylin staining, magnification $\times 200$). These cell structures had a strong staining with S100 protein under immunohistochemistry, characteristically seen in



Figure 1

* Corresponding author.

E-mail address: kosvals@hotmail.com (K. Valsamidis).

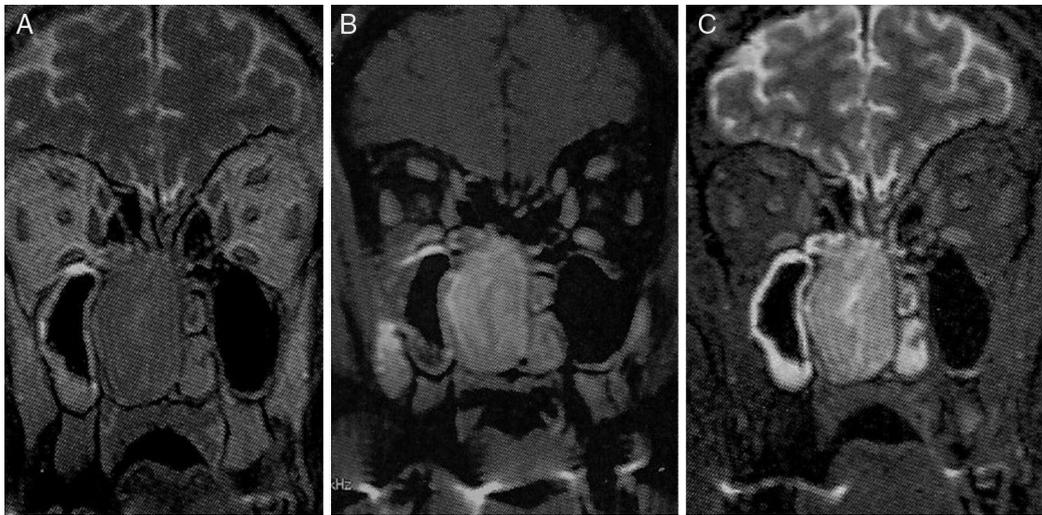


Figure 2

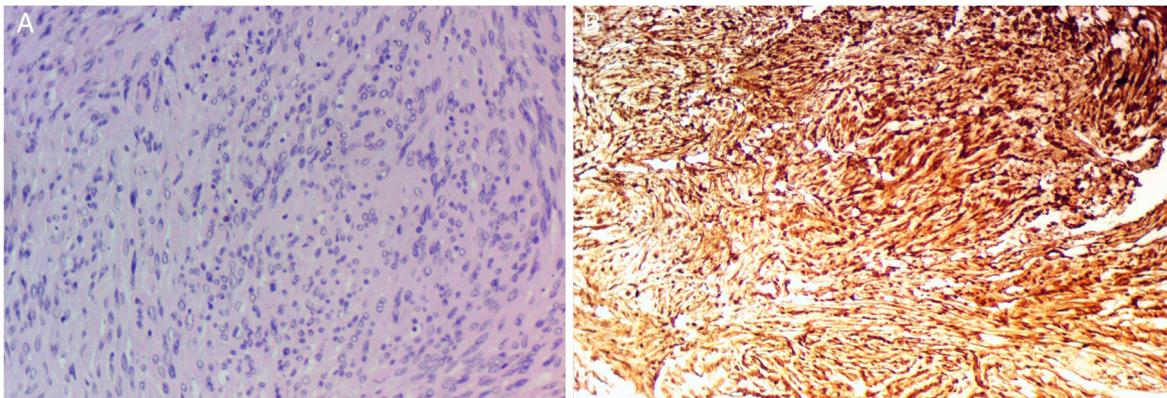


Figure 3

schwannomas (Fig. 3B, magnification $\times 200$). The patient underwent a mid-facial de-gloving approach for excision of the entire lesion. The tumor was well encapsulated and could be totally removed en bloc. Postsurgical histopathological examination confirmed the diagnosis of nasal septal schwannoma. Postoperative period was uneventful

and after a follow up of 6 months, patient has no recurrence.

Conflict of interest

There are no conflicts of interest.