Peripheral Nerve Tumors of the Nose

Tumors of the peripheral nervous system do not attract much attentions. They are supposed to occur usually in relation to the large nerves on the flexor aspects of the limbs. Russell (1959) mentioned that face, neck, scalp and hands and feet are not often involved. We were unable to find many reports of neurilemmomas or neurofibromas or neurofibrosarcomas involving the nose. Eggston and Wolf (1947) reported in their book on Histopathology of Ear, Nose and throat only 4 cases of neurofibromas and 2 cases of neurilemmomas showing the rarity of this lesion. Under the chapter on tumors of nose and paranasal sinuses Harrison (1971) reviewed the tumors of the nose and paranasal sinuses from 1948-1968 in the Royal, Ear, nose and throat hospital and recorded 7 neurofibromas of the nasal cavity out of 636 tumors of the nose. In a retrospective study (Rakshit et al 1972) of 266 peripheral nerve tumors 61 of them were in the head and neck region (excluding the intracranial group). Out of these 61 tumors 6 were in the nose. Three of these cases are being reported below.

Case:

B. H. female aged 22 years came with a complaint of a slow growing swelling on the lateral wall of the nose near the innercanthus of the right eye of one year duration (Fig. 1).

The tumor (2 cm. x 2 cm.) was soft in consistency. It was not attached to...
Examination of the ear, nose and throat was normal. There were no other swellings over the body. There were no areas of abnormal pigmentation of the skin. Examination of the central nervous system was normal.

X-Ray of the paranasal sinuses was normal. The swelling was removed under local anaesthesia. Histopathology of the tumor showed a well formed capsule with remnants of nerve fibres in the subcapsular area. The structure was typical of neurilemmoma with more of Antoni type A tissue. The histopathological diagnosis was neurilemmoma (Fig. 2).

Case 2:

T.D.R. a male aged 23 years was admitted with a swelling of the right lateral wall of the nose of 3 years duration. On examination it was a cystic swelling of 4 cms. x 4 cms. on the lateral wall of the nose midway between the root and ala of the nose. The swelling was neither adherent to the skin nor attached to the bone. The swelling was fluctuant. Anterior rhinoscopy showed that the right nostril is partially obstructed and the inferior turbinate is pushed medially. Posterior rhinoscopy did not reveal any abnormality. Ear and throat were normal. There were no other swellings in any part of the body nor pigmentation. X-Ray of the paranasal sinuses showed soft tissue shadow over the right maxillary antral region and the right nasal cavity. On aspiration of the cyst blood stained fluid was drawn.

A clinical diagnosis of nasoalveolar cyst was made and under general anaesthesia the cyst (Fig. 3) was removed. Patient made an uneventful recovery.

Histopathology:

The tumor was capsulated and showed myelinated nerve fibres in the capsule. There were cellular areas with pallisading of elongated nuclei reminiscent of Antoni Type A tissue. Areas of

Fig. 2: Photomicrograph of neurilemmoma from case (1). H & E x 30.

Fig. 3: Photograph of the specimen from case (2) showing the cystic structure.