Sir,

Intraoral schwannoma is an unusual finding with an incidence of less than 1%. Lingual schwannoma accounts for majority of cases in this group followed by palate, floor of mouth, buccal mucosa, and the mandible.\(^1\) It can be seen in all age ranges but has significantly higher incidence in second and fourth decades of life, with no gender predilection.\(^2\) Tongue lesion being accessible to fine needle aspiration (FNA) can be maneuvered easily to get important diagnostic material. Here, we report a case of a young male who presented with nodular lesion in the anterior part of the tongue. FNA suggested a diagnosis of schwannoma that was later on confirmed by histopathology.

A 25-year-old normotensive, nonsmoker male presented with a painless, nodular swelling on the anterior part of the tongue. There was a history of associated slurring of speech. On examination, a 0.9 cm × 0.8 cm, firm, nontender, smooth nodule was noted [Figure 1a]. As the nodule was accessible, FNA was performed. Smears were moderately cellular, showing few microfragments, composed of spindle cells with wispy cytoplasm showing uniform, elongated, wavy nucleus having fine chromatin and inconspicuous nucleoli [Figure 1b]. The background showed eosinophilic fibrillar material. At places, Verocay body-like appearances were seen with nuclear palisading. Violet fibrillary amorphous material was seen in which spindle cells were immersed [Figure 1c]. These features strongly suggested a diagnosis of schwannoma. Surgical excision of the tumor was performed without cervical nodal dissection. Histological section showed an encapsulated tumor composed of spindle cells with alternating hypercellular and hypocellular areas. The hypercellular areas showed bundles of spindle cells, with nuclear palisading around eosinophilic fibrillar material, i.e., Verocay body [Figure 1d]. Histological features thus confirmed the preliminary cytological diagnosis of schwannoma. On follow-up, the patient was found to be well and doing fine 6 weeks after the surgical excision of the nodule.

Oral schwannoma is an unusual finding, with the tongue being the most frequently involved site. Majority of these patients present with a painless mass involving the anterior two-third of the tongue and do not cause any symptoms.\(^3\) Tongue tumors being accessible to FNA, can be rapidly examined cytologically with regard to their benign or malignant nature. However, caution should be exercised as FNA of tongue can lead to gag reflex and the patient may withdraw the tongue. Aspiration smears from a lingual schwannoma are usually poor to moderately cellular, with the presence of tissue microfragments, and cells arranged in fascicles or Verocay body formation. Eosinophilic fibrillar material is noted in the background.\(^3\) Schwannoma needs to be differentiated from neurofibroma, traumatic fibroma, granular cell tumors, leiomyomas, rhabdomyomas, hemangiomas, lymphangiomas, lipomas, pyogenic granulomas, and benign salivary gland tumors.\(^4\) Surgical excision is the treatment of choice for most of the tumors. However, in recent years, carbon dioxide laser for the excision of base of tongue lesions has been used as well.\(^5\) No recurrence has been reported with complete excision, as noted in the index case as well.

In conclusion, though rare, lingual schwannoma should be considered in the differential diagnosis of painless tongue nodule when screening aspiration smears prepared from

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**Figure 1:** (a) Photograph showing 0.9 cm × 0.8 cm, firm, nontender, smooth nodule on anterior left lateral margin of the tongue (b) Photomicrograph showing cellular smear composed of spindle cells with wispy cytoplasm having uniform, elongated, wavy nucleus with fine chromatin and inconspicuous nucleoli (H and E, ×100) (c) Photomicrograph showing spindle cells immersed in a background of violet fibrillary amorphous material (H and E, ×100) (d) Photomicrograph showing spindle cells with alternating hypercellular and hypocellular areas. Inset shows Verocay body (H and E, ×100)
lesions of this site. An FNA may be helpful in providing a preoperative diagnosis that can guide a proper surgical excision or enucleation of the tumor so that the chances of recurrence can be eliminated.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest
There are no conflicts of interest.

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