Neurilemmoma of the Lip

Sang Hyun Cho, M.D., Baik Kee Cho, M.D.

Department of Dermatology, The Catholic University of Korea,
Seoul, Korea

Neurilemmoma is usually a solitary nerve sheath tumor, most often seen in adults. The neurilemmomas of the oral cavity have been reported to develop on the tongue, buccal mucosa, palate, gingiva, floor of the mouth, and lower lip, in order of frequency. We describe a 7-year-old boy with an asymptomatic, solitary neurilemmoma on his upper lip with a brief review of the literature. Neurilemmoma should be considered as one of the tumors that can develop on children's lips.(Ann Dermatol 8:(3) 240~242, 1996)

Key Words: Childhood tumor, Neurilemmoma

Neurilemmoma is an encapsulated nerve sheath tumor arising from Schwann cells. The tumors have a predilection for the head, neck, and flexor surface of the extremities. They may also arise in noncutaneous tissue such as in the gastrointestinal tract, oral cavity, and bone. Although neurilemmomas may appear in any age group, they are most common in persons between 20 and 50 years of age. We report a case of neurilemmoma that showed typical histologic findings on the upper lip of a 7-year-old boy. We present this very rare case and review the literature concerning neurilemmoma.

REPORT OF A CASE

A 7-year-old Korean boy had a painless, slowly enlarging, mucosal nodule on his upper lip that was found 3 weeks before his visit. The lesion was a solitary firm nodule and was asymptomatic. There was no history of past episodes of trauma or other medical and surgical history. His family history and general review of systems were non-contributory.

Examination revealed a relatively well demarcated, round, 1 x 1 cm nodule with no surrounding mucosal change on the central portion of the upper lip (Fig. 1). There was no other tumor or nodule on his body.

Histologic examination revealed numerous elongated and tightly packed nuclei, which are arranged in a streaming fashion. There were many spaces of nearly homogeneous anucleate material, with a double palisade of nuclei enclosing them, the so-called Verocay bodies (Fig. 2).

The lesion was excised and no neurologic deficits were noted postoperatively. The patient remains free of disease and without symptoms during the follow-up observation period.

DISCUSSION

Neurilemmoma is a benign nerve sheath tumor that occurs almost exclusively along the main nerve trunks of the extremities, especially the flexor surface of the arms, wrists, knees, and in the oral cavity including buccal mucosa, palate, gingiva, vestibular, mental nerve, salivary gland, and intraosseous space. It occurs very rarely on the upper lip. In a review of the 110 proved cases of oral neurilemmomas from 1945 to 1967, only 6 cases occurred on the lip. Gallo et al10 reviewed 152 cases of oral neurilemmomas, of which only 7
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Fig. 1. A solitary, 1 x 1 cm, dome-shaped elevated, round nodule on the central portion of the upper lip.

Fig. 2. Numerous elongated and tightly packed nuclei are arranged in a streaming fashion, and in the center, Verocay bodies formed by a palisade of nuclei and a space of homogenous anucleate material is also noted (H & E stain, × 200).

cases had been proved to have occurred on the lip. It is thought that the incidence of neurilemmoma in the lip is between 4.6 - 5.6%.

The lower lip was more frequently affected than the upper lip. When the neurilemmoma occurs in the lip, a differentiation from mucocele, traumatic neuroma and solitary neurofibroma should be considered.

The neurilemmoma occurs most commonly from 20 to 50 years of age, equally in males and females. In the oral cavity, however, they are more often seen in the second and third decades. In children and adolescents, neurilemmomas account for only 5% of peripheral neurogenic tumors of soft tissues and less than 1% of all soft tissue neoplasms. Of 293 oral tumors in infants and children 0-14 years of age, none was neurilemmoma.

The 152 cases of oral neurilemmoma that have been reported, only two tumors were diagnosed during the first decade of life and the youngest patient was an 8-year-old girl

The pathogenesis of neurilemmoma is unknown. It can occur spontaneously or secondary to trauma, chronic irritations, and after irradiation. In this case, there was no history of trauma or other surgical and medical history.

Diagnosis is confirmed by histopathologic examination. The neurilemmoma is well encapsulated and composed of two types of tissue, referred to as Antoni types A and B. The diagnosis is affirmed by the finding of Verocay bodies. Our case showed the typical histologic finding, so we could confirm the diagnosis of neurilemmoma.

A neurilemmoma on the upper lip that developed in the 7-year-old boy is a very rare case, but should be kept in mind when we meet children with a firm tumor on their lip.

REFERENCES

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