Case Report
Axillary Nerve Schwannoma - A Rare Occurrence
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Introduction
Schwannomas affect mainly head, neck and flexor aspect of the limbs. Axillary Schwannoma1,2 is extremely uncommon. Here we present such a rare occurrence in our patient.

Case Report
A 48 years old male was presented with a left axillary painful swelling of one year duration with gradual increase in size. There was no history of trauma, pain, altered or localized loss of sensation. Past, personal and family history was non-contributory. On general examination, patient was found to be averagely built and averagely nourished. Local examination of right axillary region revealed smooth, firm, tender swelling of 3 x 2 cms in size. Patient underwent MRI Contrast which showed well circumscribed contrast enhancing lesion arising from the axillary nerve pushing the axillary vessels (Fig 1).

Under ETGA a lazy S shaped incision (Fig 2) the left axilla was made deltoid muscle retracted and axillary fascia opened and axillary sheath identified and opened. There was a well circumscribed lesion of 3 x 2 cm in size attached to the axillary nerve identified. On the anterior surface over the tumor the radial nerve was traversing (Fig 3). With meticulous microscopic dissection radial nerve was lateralised and tumor removed from the Axillary nerve without damaging it (Fig 4). Haemostasis secured and wound closed in layers. Postoperative period was uneventful and no deficit. Histopathology confirmed it as Schwannoma.

Discussion
Schwannomas also referred as neurilemmomas, are benign, encapsulated perineural tumor of neuroectodermal derivation that originates from the Schwann cells of the neural sheath of motor and sensory peripheral nerves. The etiology is still unknown. In 1910, Verocay, first described a group of neurogenic tumors and referred them as “neurinomas”. In 1935, it was proposed that these tumors arise from nerve sheath elements and they were termed as “neurilemmomas”. About 25% of the schwannomas occur in the Head and Neck region3, usually involving cranial nerves and sympathetic chain, however brachial plexus. Schwannoma are uncommon4. Primary tumors of the brachial plexus are an unusual cause of axillary mass.
Conclusion
Axillary schwannomas are quite a rare occurrence. Only very few cases have been reported in the literature so far. Because of the location most of the time it is misdiagnosed. Complete excision provides cure and recurrence is very rare. Hence we reported the rare case.

References

Answer to: Diagnose the condition
ECG shows no obvious P waves but some irregular waves suggestive of fibrillatory waves. There are spikes before each QRS complex and they occur regularly. The patient had undergone permanent pacemaker implantation. It is a paced ventricular rhythm with ventricular rate of 60/min. The characteristic feature is paced ventricular rhythm is not disturbed by atrial fibrillation suggesting that this patient has additional complete heart block also.

- Dr. M. Chokkalingam, Consultant Cardiology, CSSH