

Facial nerve schwannoma case series

Prado-Calleros et al., published 6 cases, 4 cases of tympanic-mastoid location at the spectrum of its possible clinical presentation: from symptomatic cases with facial paralysis, to an asymptomatic case in the tympanic portion found as intraoperative finding; and also found two cases located at the parotid gland, one with complete facial paralysis and one without facial palsy.

For the diagnosis of intratemporal and parotid schwannomas of the facial nerve, a high clinical suspicion is required given its heterogeneous presentation; its clinical course depends on the segment of origin and expansion: more frequently asymptomatic at the tympanic horizontal portion and symptomatic at the mastoid vertical portion. These tumors must be assessed with imaging studies, incisional biopsy is not recommended. The treatment is surgical resection in symptomatic patients with facial paralysis greater than grade III of House-Brackmann, with immediate reconstruction of the nerve ¹⁾.

A monocentric retrospective review of medical charts of patients followed for an intratemporal facial nerve schwannoma between 1988 and 2013 was performed. Twenty-two patients were included. Data were extracted pertaining to the following variables: patient demographics, tumor localization, clinical and imaging features, facial nerve function and hearing levels, and details of surgical intervention. The majority of tumors were located at the geniculate ganglion. Initial symptoms were mainly facial palsy and hearing loss. The average follow-up was 4.8 ± 4.5 years. Nineteen patients underwent surgery, and three patients were observed. After surgery, 11 patients had a stable or improved facial nerve function (57.9 %), and 8 patients had a worsened facial nerve function (42.1 %). Facial nerve function was in the majority of cases a HB grade III, depending on surgical strategy. No patient presented a postoperative HB grade V or VI. Regarding the hearing, it remained stable after surgery in 52.6 % of cases, and improved in 10.5 % of cases. Among monitored patients, facial nerve function and hearing remained stable. Surgery for facial nerve schwannoma is a safe and effective option in the treatment of these tumors ²⁾.

¹⁾

Prado-Calleros HM, Corvera-Behar G, García-de-la-Cruz M, Calderón-Wengerman Ó, Prado A, Pombo-Nava A. Tympanic-mastoid and parotid schwannomas of the facial nerve: clinical presentation related to the anatomic site of origin. *Cir Cir.* 2019;87(4):377-384. doi: 10.24875/CIRU.18000449. PubMed PMID: 31264987.

²⁾

Lahlou G, Nguyen Y, Russo FY, Ferrary E, Sterkers O, Bernardeschi D. Intratemporal facial nerve schwannoma: clinical presentation and management. *Eur Arch Otorhinolaryngol.* 2016 Nov;273(11):3497-3504. Epub 2015 Dec 16. Review. PubMed PMID: 26676873.

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