

Images/Instrument in Dermatology/Dermatosurgery

Isolated long-standing painless swelling of the hand: A hidden schwannoma unveiled by histopathology

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A 20-year-old female presented with a slowly progressive nodular swelling in the 3rd finger web-space of the left hand for the past 9 years, with occasional mild dragging sensation on movement of the wrist. She had no systemic symptoms or similar family history. On examination, an ovoid swelling, approximately 3 cm in diameter, freely mobile, non-tender, non-pulsating, and firm in consistency was present over the left dorsum of the hand [Figure 1a]. There was no associated sensory loss or Tinel's sign. Ultrasonography showed a hypoechoic soft-tissue mass without any connection to the underlying joint. Differential diagnosis of ganglion cyst, lipoma, neurofibroma, neuroma, xanthoma, and tendon-related tumors was considered. Excision showed a whitish, shiny, lobulated firm mass [Figure 1b].

Histopathology showed a well-encapsulated tumor with spindle-shaped cells exhibiting hypercellular and hypocellular areas [Figure 2a], Verocay bodies [Figure 2b], vascular hyalinization, and clear cells [Figure 2c]. A final diagnosis of sporadic peripheral cutaneous schwannoma was made.

These rare benign nerve sheath tumors derived from Schwann cells often affect the extremities and trunk and may be associated with neurofibromatosis-2, schwannomatosis, and Carney complex.^[1,2] Isolated cutaneous schwannoma diagnosis is clinically challenging, and



Figure 1: (a) An ovoid nodular swelling over the dorsum of the left hand. (b) The gross specimen showed a whitish, shiny, lobulated, firm mass.

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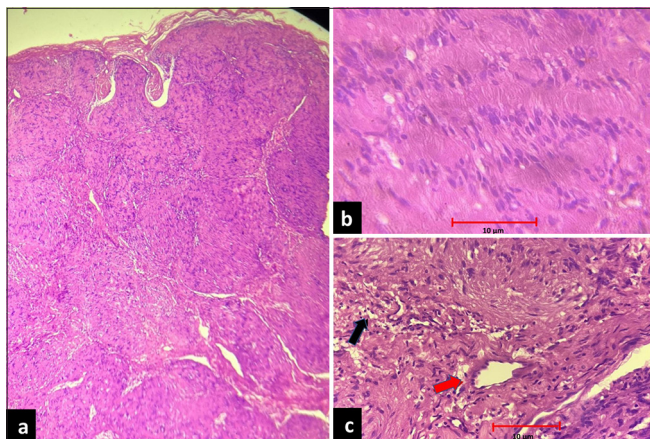


Figure 2: (a) Well-encapsulated tumor with predominant areas composed of interweaving spindle-shaped cells forming a hypercellular area - Antoni A-type and few areas showing hypocellular area - Antoni B-type (H&E; ×40). (b) Row of palisading nuclei of spindle cells separated by fibrillary processes, also called Verocay bodies (H&E; ×400). (c) Hyalinization and dilatation of blood vessels (red arrow) and clear cell changes (black arrow) (H&E; ×400).

histopathological correlation often differentiates it from other nodular swellings of the hands.^[3] Surgical excision provides an excellent prognosis with minimal recurrence.

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