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P0066 - PURE INTRACRANIAL SCHWANNOMA FROM LOWER CRANIAL NERVES. A RARE, DANGEROUS AND CHALLENGING PATHOLOGY

C. Antunes, M.F. Afonso, N. Duarte, R. Ramos, M.M. João and C. Alegria

Serviço de Neurocirurgia, Hospital de Braga, Braga, Portugal.

Resumen

Objectives: Cranial nerves IX, X and XI schwannomas are a rare pathology being the less common form of nonvestibular schwannoma. The jugular foramen schwannoma exact origin is hard to establish since they may rise from IX, X, XI nerves and from the sympathetic chain. Sammi et al. classified this tumours in four categories proposing the best surgical approach for each: Type A (tumours from cisternal part of nerves with minor extension to the jugular foramen); type B (intraosseous); type C (extracranial) and type D (triple dumbbell-shaped with intracranial, intraosseous and extracranial components). Pure intracranial schwannoma with no extension to jugular foramen are extremely rare with very few cases reported.

Methods: A pure intracranial schwannoma on a 31 years old male is reported. He presented tinnitus for one year and unbalanced gait to the right side. Two weeks before the surgery he reported headache which was worse on decubitus and with Valsalva manoeuvre. Neurological examination presented a slight XI nerve paresis, Romberg deviation and nystagmus to the right. Head Computed Tomography and Magnetic Resonance Image showed a bulky extraxial lesion on right pontocerebellar angle extending to Magnum foramen and hydrocephalus.

Results: A retrosigmoid approach was made showing the lesion arising from lower cranial nerves and pushing upwards the VII and VIII nerves. An extended subtotal debulking was performed preserving VII, VIII and most rootlets from lower cranial nerves. A small tumoral residue highly adherent to bulbar olive was left. On post-operative period, patient presented dysarthria, right facial paresis (House and Brackmann grade 2) and transient dysphagia, Gag reflex absence on right side, right XI nerve paresis and uvula displacement for left side. He started a rehabilitation program with improvement.

Conclusions: Surgical exclusion of lower cranial nerves schwannomas is challenging and major caution must be taken to preserve vascular e neuronal structures on pontocerebellar angle.