

## **MULTIPLE CONTIGUOUS SCHWANNOMAS IN A SOLITARY DIGITAL NERVE: AN UNUSUAL CASE OF MULTIPLE SWELLINGS ON A SINGLE FINGER**

Ooi Hooi Shieng<sup>1</sup>, Syahril Rizal Arsad<sup>1</sup>, Rashdeen Fazwi Muhammad Nawawi<sup>1</sup>

<sup>1</sup>Hospital Selayang

**Introduction:** Schwannomas also known as Neurilemmoma are rare and benign tumour of the nerve sheath. Their cells of origin are postulated to originate from Schwann cells derived from the neural crest. The mass usually presents as a single swelling which is painless and slow growing. This case report highlights an uncommon clinical presentation of this benign tumour, the history and examination with associated radiological investigation, the associated surgical technique and follow up post excision.

**Discussion:** MRI features demonstrate typical Schwannoma characteristics of T1 iso-to-hypointensity, T2 hyperintensity, and postcontrast enhancement. There were multiple lesions associated with the radial digital nerve on the volar aspect and a single lesion over the dorsal aspect of the middle finger of the right hand. Preoperative planning included the decision for placement of surgical incision for maximal exposure and visualization of associated structures such as the digital artery and synovial sheath of the flexor tendons. Intraoperative findings showed multiple lesions associated with the radial digital nerve and few fascicles which were entrapped within the tumour mass. Post operative findings were complete recovery of the wound with no associated neurovascular injury. The histopathological findings of well circumscribe encapsulated biphasic tumour composed of hypercellular (Antoni A) and hypocellular (Antoni B) areas. The cells are spindle in shape and some are align to produce nuclear palisading resulting in Verocay bodies. This is consistent with Schwannoma.

**Conclusion:** The history, clinical examination and investigations are typical of schwannomas. The operative planning included counselling the patient on the associated risk of digital artery injury and finger gangrene. The risk to injury to the digital nerve itself also needed the explanation of sensory loss. The operation was done under regional block with tourniquet application for adequate visualization. The lesions were identified and excised en whole with preservation of associated nerve under Microscopic dissection and micro instruments.