SOLITARY NEUROFIBROMA
(A case report)

K. NARAYANAN UNNI * AND C. T. MATHEW †

Summary

A case of solitary neurofibroma in the oral cavity of a middle aged female is reported with a brief review of the relevant literature.

Whereas multiple neurofibromatosis or Von Recklinghausen's disease is more common, the solitary neurofibroma is very rare[1] and is even considered to be a separate clinical entity. Neurofibroma of the oral cavity generally arises from the 5th nerve. Clinically they appear as deep seated firm swellings and grow very slowly. They present difficulties to the denture wearers and the condition is often detected accidentally. We came across a case of solitary neurofibroma of the oral cavity in 1976.

Review of Literature

The first report of solitary neurofibroma was in 1946 by Christiansen and Bradley[2]. It was of a tumour attached to the region of the palatine canal in a 55 year old man. Crawley in 1951 reported a case of pedunculated neurofibroma attached to the mucosa at the lingual aspect of the ascending ramus of the mandible in a 54 year old man[4,5]. A case of solitary neurofibroma attached to the mucosa of the hard palate of an 8 year old girl was reported by Hitchin in 1952[6]. Another report was published in 1953 by Hayton Williams[7]. It was the case of an encapsulated tumour of the hard palate in 42 year old male. To our knowledge the one we report is the first Indian report of solitary neurofibroma of the oral cavity.

Case Report

A healthy 43 year old woman wearing artificial dentures attended the Out Patient Department of the Dental Wing, Medical College Hospital, Calicut with complaints of pain in the lower jaw of 1 year's duration. It was aggravated by chewing.

On examination there was an eroded tender lesion on the lower alveolar ridge in the first pre-molar area under the denture. On digital palpation a deep seated freely mobile nodule could be discovered. The other areas of the mucosa were normal and the denture was scientifically prepared with a smooth surface. The nodule, 5×4 mm in size was removed under local anaesthesia and sent for histopathological examination. She had no dermatological abnormalities and is under follow up for the past $1\frac{1}{2}$ years.

Histological examination showed a bit of tissue composed of spindle shaped

* Tutor in Dentistry
† Associate Professor and Head
The Dept. of Dentistry,
Medical College Hospital,
Calicut-673008

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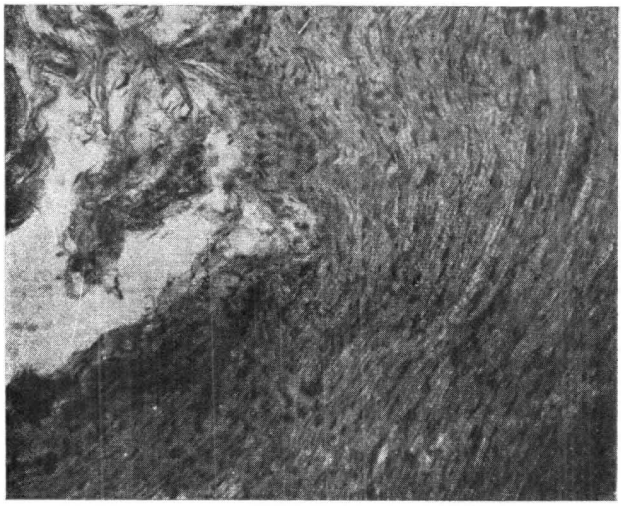

Fig. 1 Low power photomicrograph of the tumour showing spindle shaped cells (H & E. × 100)

cells. The cells had fibrillary eosinophilic cytoplasm with oval and wavy nuclei. Few stromal blood vessels showed sclerosis. (Fig. 1 & 2)

Discussion

Solitary neurofibroma has in common most of the histological features of Von Recklinghausen's disease. However it does not show a hereditary patten as shown by the latter. The tumour is believed to arise from the connective tissue of the nerve or from the sheath of Schwann. Malignant changes were reported in one case by Wilson and Walsh[6].

Acknowledgement

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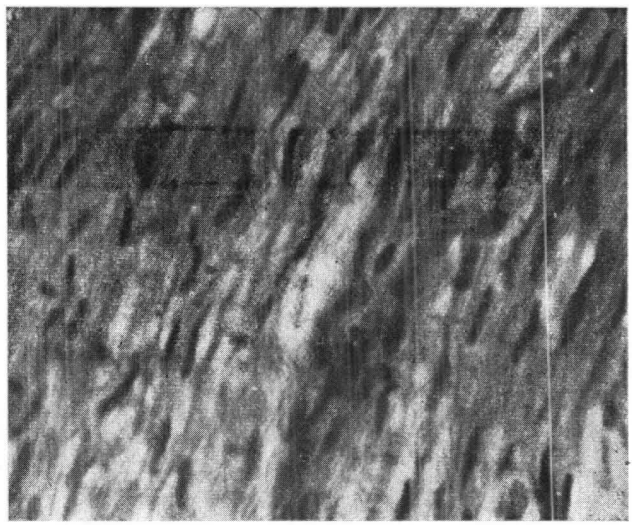

Fig. 2 The same tumour under higher magnification showing spindle shaped cells with oval and wavy nuclei (H & E. × 450).