PARAPHARYNGEAL SPACE SCHWANOMAS AND THE QUALITY OF VOICE.

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Abstract
Schwanomas are uncommon neurogenic tumors that are typically benign slow growing and asymptomatic. In the parapharyngeal space schwanomas most commonly arise from the vagus nerve and cervical sympathetic chain. Schwanomas of the parapharyngeal space are usually reported to occur in patients between the ages of 30 and 70 years. There does not seem to be a sex–related predisposition for schwanomas. The neoplasms are relatively radioresistant, so complete surgical resection remains the treatment of choice. However, their slow growth, low recurrence rate and non-invasive nature, sometimes allow for an observational approach.

Case Report
M.V. female, 43 years old, came in our hospital, reported from family doctor, with a giant neck mass in the left side. Two years ago, she felt sore throat, and swelling in the left side of the throat. She was being treated for tonsillitis by the family physician for the last 14 months. The day of presentation she complained even dysphagia.

On examination of the neck, it was a well visible huge mass on the left side, near the deep lobe of parotid gland. In palpation the mass was firm in consistency, no painful, and no connected with the surroundings tissues.

CT scanning was considered for diagnose. The tumor was well defined encapsulated and displacing the sheath vessels posteriorly, separating the carotid arteries from internal jugular vein. The schwanoma was an exceptionally large tumor (8*12*10 cm), arising from the vague nerve.

The tumor was removed completely by a cervical approach combined with intraoral approach, because of his massivity. The tumor was solitaire, encapsulated, so it was easy dissected from the surrounding structures. Patient suffered from leg of quality of voice, at least for 6 months. Preparatory was the hot potatoes syndrome was present, after the surgery the fullness gone, but the voice was not like previous. She took 10 sèances of speech therapy, and regain the quality of her proper voice. Follow up after 6 months. Patient was free disease.

Conclusion: The surgical resection of big Schwanoma in the Parapharyngeal Space is the treatment of choice. MRI (cross-sectional imaging), can predict the likely nerve of origin, and allow us effective preoperative expectations, regarding the neurologic sequelae of surgical resection.