International Journal of Otorhinolaryngology and Head and Neck Surgery
Yadav V et al. Int J Otorhinolaryngol Head Neck Surg. 2026 Jun;12(3):457-460
https://www.ijorl.com
pISSN 2454-5929 | eISSN 2454-5937

DOI: https://dx.doi.org/10.18203/issn.2454-5929.ijohns20261518

Case Report

Schwannoma of the tongue: a case report and review of literature

Vishav Yadav, Jasmeet Kaur*, Sakshi Kapoor

Department of Otorhinolaryngology and Head and Neck Surgery, GMC, Rajindra Hospital, Patiala, Punjab, India

Received: 29 January 2026
Accepted: 20 May 2026

***Correspondence:**
Dr. Jasmeet Kaur,
E-mail: jasmeetpunia90@gmail.com

ABSTRACT

Schwannomas are rare slow growing benign tumors arising from Schwann cells lining the nerve sheaths of myelinated nerves. Only 25 to 48% of the cases occur in the head and neck region with only 1% showing an intraoral origin. We present a case of lingual schwannoma in a 20 year old patient who presented with painless mass on right ventral surface of tongue, which was excised. The final histopathology report revealed a schwannoma. We report this case owing to rarity of disease. Tongue Schwannomas are rare, benign tumors with an excellent prognosis. Histology remains the gold standard for its diagnosis and Malignant transformation is rare after complete surgical excision. Schwannomas should be considered in the differential diagnosis whenever a benign looking mass is seen inside the oral cavity.

Keywords: Schwannomas, Schwann cells, Transoral resection, Nerve sheath tumor

INTRODUCTION

Schwannomas also known as neuromas, neurilemmomas or neurinomas of 'Verocay', are benign, well encapsulated peripheral nerve sheath tumors composed of Schwann cells derived from the neural crest.[1] Only approximately 1-12% of the head and neck schwannomas occur intraorally with the tongue being the most common site followed by the roof of the mouth, the floor of the mouth, the buccal mucosa, the gingiva, the lips and the vestibular mucosa.[2] Symptoms of tongue schwannoma may range from none to a painless lump, with larger tumours (more than 3 cm) causing dysphonia, snoring, dysphagia or voice changes.[3] Transoral resection is the standard approach for the treatment of the vast majority of these tumours, and histology remains the gold standard for its diagnosis.[4]

CASE REPORT

A 20-year-old male patient presented with complaints of a slow growing, painless lump on the right under surface of the tongue since last 6 months. No significant personal or family medical history were reported. Intraoral clinical examination revealed the presence of a firm, non-mobile, irregular mass (1.5×1 cm) attached to the ventral surface of tongue (Figure 1). Cervical lymph nodes were not palpable. A CE-MRI oral cavity was performed to characterize the lesion, which showed the presence of a well-defined, lobulated exophytic lesion 1.4×1.2×1.8 cm arising from the ventral surface of anterior tongue in the right paramedian location (Figure 2).

Figure 1: Pre op pic.

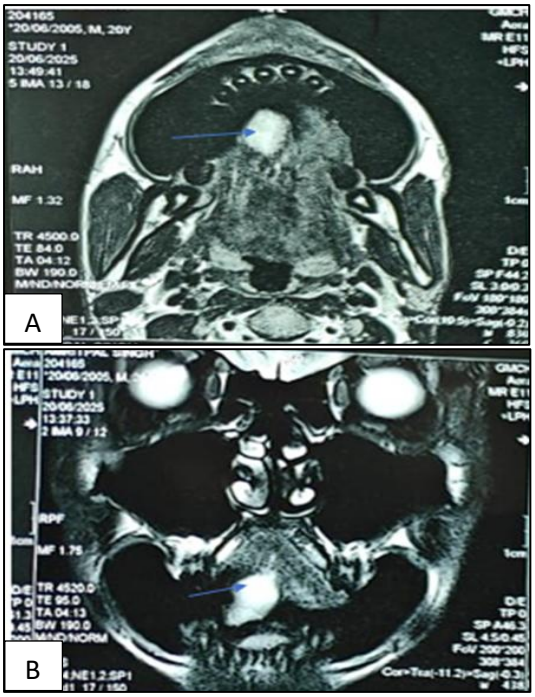

Figure 2 (A and B): CE-MRI oral cavity.

CE-MRI oral cavity showing the presence of a well-defined, lobulated exophytic lesion 1.4×1.2×1.8 cm arising from the ventral surface of anterior tongue in the right paramedian location. The lesion appears isotense on T1W1 and hyperintense on T2W1.

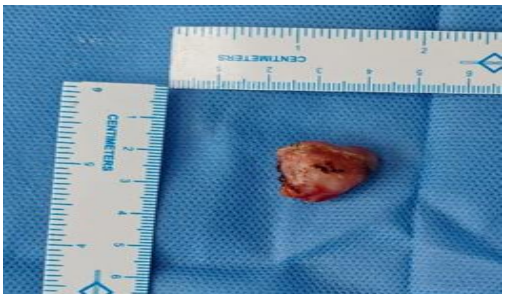

Figure 3: Excised mass.

Figure 4: Post op pic.

There was minimal intraoperative bleeding The mass was excised completely (Figure 3) under local Anaesthesia via transoral approach (Figure 4) and sent for histopathological examination which showed a well circumscribed, unencapsulated tumor comprising of hypercellular and myxoid hypercellular areas. The hypercellular areas show nuclear palisading and formation of verrocay bodies consistent with Schwannoma.

Patient was given liquid diet for a week. Post op period was uneventful without any complications. No recurrence was noted after 3 months of follow up.

DISCUSSION

Schwannomas of the tongue most commonly occur between the second and fourth decades of life and display no gender or racial predilection.[5] Most often these tumors are solitary but can occur in multiple areas also. Multiple occurrences are usually associated not only with neurofibromatosis II but also schwannomatosis. Cytogenetic abnormality of chromosome 22 is seen in 50% cases, and those are associated with neurofibromatosis II.[6]

Schwannomas of the tongue arise from the hypoglossal nerve, but it is difficult to distinguish between tumors of the lingual, hypoglossal and glossopharyngeal nerve due to proximity of nerves.[7] Even though tongue is the most common intraoral tumour location of schwannoma, less than 50 cases of lingual schwannomas have been reported in the literature in the past 20 years.[8] Most common site affected is anterior 2/3rd of tongue (66%) vs 34% in the posterior two thirds. High prevalence of schwannomas in the tongue may be due to the higher incidence of trauma to the tongue and the role of Schwann cells in repair of injured neurons.[9]

The imaging modality of choice for lingual schwannomas is MRI. The better tissue contrast of the MRI, compared to CT, allows a more precise localization and better visualization of the relations to other structures, as well as a more accurate measurement of tumour size.[3]

Schwannomas pose a diagnostic challenge as they are clinically indistinguishable from other soft tissue tumors. The differential diagnosis for a lingual schwannoma includes other benign and malignant tumors like lymphangiomas, hemangiomas, neurofibromas, lingual thyroid and carcinomas.[10]

Hence biopsy and histological examination are essential for a confirmative diagnosis. Schwannomas are characterized by strong and diffuse immunoreactivity for S-100 protein.[11] Complete surgical excision is the treatment of choice with solitary lesion. Schwannomas of oral tongue can be managed with transoral surgical excision. On the other hand, schwannomas at the base of the tongue are usually approached by cervical access (transhyoid or submandibular) or rarely via transoral CO_2 laser excision.[12] The recurrence rate of lingual schwannoma is very low and malignant transformation is very rare.[13]

Table 1: ROL of anterior schwannoma tongue patients.

Authors	Year	Age (in years)/ gender	Site	C/F	Surgical approach
Mercantini et al[14]	1959	22/M	Anterior	Intermittent pain	Transoral
Mercantini et al[14]	1959	25/M	Anterior	Lump	Transoral
Cameron[15]	1959	25/M	Anterior	Lump	Transoral
Pantazopoulos[16]	1965	25/M	Anterior	Lump	Transoral
Firfer et al[17]	1966	28/F	Anterior	Lump	Transoral
	1967	60/F	Anterior	Lump	Transoral
Oles et al[18]	1967	20/M	Anterior	Lump	Transoral
Paliwal et al[19]	1967	32/M	Anterior	Lump	Transoral
Crawford et al[20]	1968	23/M	Anterior	Lump	Transoral
	1968	24/M	Anterior	Lump	Transoral
Bitici[21]	1969	40/M	Anterior	Slight discomfort	Transoral
Mosadomi[22]	1975	19/M	Anterior	Painful mass	Transoral
Swangsilpa et al[23]	1976	26/M	Anterior	Lump	Transoral
Sharan et al[24]	1978	30/F	Anterior	Change in voice	Transoral
Akimoto et al[25]	1987	15/M	Anterior	Lump	Transoral
Flickinger et al[26]	1989	28/F	Anterior	Lump	Transoral
Gallesio et al[27]	1992	24/F	Anterior/base	Dysphonia/chewing difficulty	Transoral
Lopez et al[28]	1993	21/M	Anterior	Lump	Transoral
Haring[29]	1994	49/F	Anterior	Lump	Transoral
Nakayama et al[30]	1996	40/F	Anterior	Lump	Transoral
Pfeifle et al[31]	2001	30/F	Anterior	Lump	Transoral
	2001	18/M	Anterior	Lump	Transoral
Cinar et al[32]	2004	7/M	Anterior	Lump	Transoral
Hwang et al[33]	2005	23/M	Anterior	Lump	Transoral
Vafiadis et al[34]	2005	18/M	Anterior	Lump	Transoral
Hsu et al[35]	2006	38/M	Anterior	Lump	Transoral
	2006	45/M	Anterior	Lump	Transoral
	2006	25/M	Anterior	Lump	Transoral
	2006	39/F	Anterior	Lump	Transoral
	2006	9/M	Anterior	Lump	Transoral
Enoz et al[36]	2006	7/F	Anterior/base	Dysphagia, pain	Transoral
Sethi et al[37]	2008	28/M	Anterolateral/ ventral	Lump	Transoral
Gupta et al[38]	2009	18/M	Anterior/ventral	Lump	Transoral
Cigdem et al[39]	2010	13/M	Anterior/ventral	Lump	Transoral
Leffcoat et al[40]	2010	68/M	Lateral	Lump	Transoral
	2013	21/M	Anterolateral, ventral, tip	Lump	Transoral
Jayaraman et al[41]	2013	25/F	Anterolateral/base	Lump	Transoral
Bhola et al[5]	2014	14/F	Anterolateral /ventral	Lump	Transoral
Moreno-Garcia et al[42] Split, Mandibulotomy	2014	13/F	Anterior/ ventral	Lump	Lip
Kavcic et al[43]	2015	20/F	Anterolateral/ ventral/tip	Lump	Transoral
Thompson et al[44]	2020	13 cases (9 M/4 F) age (12-82)	Anterior 2/3rd	Lingual mass/ nodule	Transoral
Gayen et al[45]	2020	48/M	Ventrolateral	Lump	Incisional biopsy
Present case	2025	20/M	Anterolateral/ ventral	Painless lump	Transoral

Table 2: Differential diagnosis for tongue schwannomas.

D/D	Site	Presentation	Management
Lymphangioma	Anterior2/3rd	Localized/ diffuse growth	Complete surgical excision
Neurofibroma (NF 1)	Multiple	Asymptomatic, firm, irregular tissue masses	Surgical excision
Hemangioma	Ventral surface of tongue	Soft, smooth or lobulated, sessile or pedunculated, reddish blue, blanch on pressure	Complete involution over time, 10-20% require, TT Medical/surgical (Multistage surgery)
Lingual thyroid	Base of tongue	Asymptomatic, smooth lobulated lesion (Bluish red to red)	Hormone therapy/excision (Transoral, CO_2 laser) for smaller lesions/Midline mandibular split osteotomy for larger lesions

CONCLUSION

Schwannomas should be considered in the differential diagnosis whenever a benign looking mass is seen inside the oral cavity.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: Not required

REFERENCES

1. Joshi R. Learning from eponyms: Jose Verocay and Verocay bodies, Antoni A and B areas, Nils Antoni and Schwannomas. Indian Dermatol Online J. 2012;3(3):215-9.
2. Moreno-García C, Pons-García MA, González-García R, Monje-Gil F. Schwannoma of tongue. J Maxillofac Oral Surg. 2014;13(2):217-21.
3. Cohen M, Wang B. Schwannoma of the tongue: two case reports and review of the literature. Eur Arch Otorhinolaryngol. 2009;266(11):1823-9.
4. Kavˇciˇc J, Boˇziˇc M. Schwannoma of the tongue. BMJ Case Rep. 2016;2016:bcr2016215799.
5. Bhola N, Jadhav A, Borle R, Khemka G, Bhutekar U, Kumar S. Schwannoma of the tongue in a paediatric patient: a case report and 20-year review. Case Rep Dent. 2014;2014:780762.
6. Ahlawat S, Blakeley JO, Langmead S, Belzberg AJ, Fayad LM. Current status and recommendations for imaging in neurofibromatosis type 1, neurofibromatosis type 2, and schwanno-matosis. Skeletal Radiol. 2020;49(2):199-219.
7. Lira RB, Gonc J, Carvalho GB, Pinto CA, Kowalski LP. Lingual schwannoma: case report and review of the literature. Acta Otorhinolaryngol. Ital. 2013;33(2):137-40.
8. Bhola N, Jadhav A, Borle R, Khemka G, Bhutekar U, Kumar S. Schwannoma of the tongue in a paediatric patient: a case report and 20-year review. Case Rep Dent. 2014;2014:780762.
9. Agha-Hosseini F, Moosavi M-S, Aminishakib P, Yousefian M. A fast-growing schwannoma of the tongue in a 15-year-old Iranian male: Review of literature and case report. Clin Case Rep. 2021;9(6):e04266.
10. Chandra M, Singh P, Venkatchalam VP. Tongue Schwannoma: a case report with review of literature. JK Practitioner. 2013;18(1-2):28-34.
11. Lindberg MR. Diagnostic Pathology: Soft Tissue Tumors, 2nd edition, Amirsys. 2016.
12. Ashish G, Sundereshan RS, Philip A. Transoral Laser Excision of Schwannoma in Base of Tongue: A Case Report with Review of Literature. Int J Otorhinolaryngol Clin. 2015;7(2):68-71.
13. Pereira LJ, Pereira I, Santos PP, Dominguete VF, Filho R. Lingual schwannoma involving the posterior lateral border of the tongue in a young individual: case report. J Clin Pediatr Dent. 2008;33(1):59-62.
14. Mercantini ES, Mopper C. Neurilemmoma of the tongue. AMA Arch Derm. 1959;79(5):542-4.
15. Cameron IW. A case of neurilemmoma (schwannoma) of the tongue. Oral Surg Oral Med Oral Pathol. 1959;12(12):1464-7.
16. Pantazopoulos PE. Schwannomas of nose, oral cavity, and pharynx. Acta Otolaryngol. 1965;60(1):97-104.
17. Firfer H, Sohn D, Heurlin R, Stuteville OH. Neurilemmoma of the tongue. Oral Surg Oral Med Oral Pathol. 1966;21(2):139-42.
18. Oles RD, Wertheimer FW. Neurilemmoma of the tongue. J Mich State Dent Assoc. 1967;49(1):7-8.
19. Paliwal YD, Kapur VL, Singh RP. Neurilemoma of the tongue. Int Surg. 1967;47(5):503-6.
20. Crawford WH Jr, Korchin L, Greskovich FJ Jr. Neurilemmomas of the oral cavity: report of five cases. J Oral Surg. 1968;26(10):651-8.
21. Bititci OO. Neurilemmoma of the tongue. J Laryngol Otol. 1969;83(2):201-4.
22. Mosadomi A. Neurilemmoma of the tongue. J Oral Med. 1975;30(2):44-6.
23. Swangsilpa K, Winther JE, Nybroe L. Neurilemmomas in the oral cavity. J Dent. 1976;4(5):237-41.
24. Sharan R, Akhtar MP. Neurilemmoma of tongue. J Indian Med Assoc. 1978;71(11):290-1.
25. Akimoto Y, Yamamoto H, Nishimura H, Komiya M, Kaneko K. Neurilemmoma in the oral cavity. J Nihon Univ Sch Dent. 1987;29(3):203-5.
26. Flickinger FW, Lozano RL, Yuh WT, Sachs MA. Neurilemoma of the tongue: MR findings. J Comput Assist Tomogr. 1989;13(5):886-8.
27. Gallesio C, Berrone S. Schwannoma located in the tongue—a clinical case report. Minerva Stomatol. 1992;41(12):583-9.
28. Lopez JI, Cannell H, Silvester K, Williams DM. Neurilemmoma of the head and neck. Br J Oral Maxillofac Surg. 1993;31(1):32-5.
29. Haring JI. Case #10. Neurilemmoma. RDH. 1994;14(5):12-4.
30. Nakayama H, Gobara Y, Shimamoto F, Kajihara H. Schwannoma of the tongue: a case report. Jpn J Clin Oncol. 1996;26(3):185-8.
31. Pfeifle R, Baur DA, Paulino A, Helman J. Schwannoma of the tongue: report of 2 cases. J Oral Maxillofac Surg. 2001;59(7):802-4.
32. Cinar F, Cinar S, Harman G. Schwannoma of the tip of the tongue in a child. Plast Reconstr Surg. 2004;114(6):1657-8.
33. Hwang K, Kim SG, Ahn SI, Lee SI. Neurilemmoma of the tongue. J Craniofac Surg. 2005;16(5):859-61.
34. Vadavadis M, Fiska A, Panopoulou M, Assimakopoulos D. A clinical case report of a Schwannoma on the tip of the tongue. B-ENT. 2005;1(4):201-4.
35. Hsu YC, Hwang CF, Hsu RF, Kuo FY, Chien CY. Schwannoma (neurilemmoma) of the tongue. Acta Otolaryngol. 2006;126(8):861-5.
36. Enoz M, Suoglu Y, Ilhan R. Lingual Schwannoma. J Cancer Res Ther. 2006;2(2):76-8.
37. Sethi D, Sethi A, Nigam S, Agarwal A. Schwannoma of oral tongue: a rare benign neoplasm. Internet J Head Neck Surg. 2008;3(1).
38. Gupta P, Garg A, Dhingra KK, Jain D, Kohli K, Khurana N. Schwannoma tongue: a rare entity. ANZ J Surg. 2009;79(1-2):93-4.
39. Karaca CT, Habesoglu TE, Naiboglu B, Habesoglu M, Oysu C, Egeli E, et al. Schwannoma of the tongue in a child. Am J Otolaryngol. 2010;31(1):46-8.
40. Jeffcoat B, Pitman K, Brown A, Baliga M. Schwannoma of the oral tongue. Laryngoscope. 2010;120(Suppl 4):S154.
41. Jayaraman V, Balasubramanian B, Senthivelu R. Schwannoma of the tongue—a rare clinical entity. Int J Dent Sci Res. 2013;1(3):53-5.
42. Moreno-García C, Pons-García MA, González-García R, Monje-Gil F. Schwannoma of tongue. J Maxillofac Oral Surg. 2014;13(2):217-21.
43. Kavčič J, Božič M. Schwannoma of the tongue. BMJ Case Rep. 2016;2016:bcr2016215799.
44. Thompson LDR, Koh SS, Lau SK. Tongue Schwannoma: a clinicopathologic study of 19 cases. Head Neck Pathol. 2020;14(3):571-6.
45. Gayen S, Kundu S, Das SK, Abdul Mahmud SK, Pal M. Schwannoma of tongue- A case report. Oral Maxillofac Patho J. 2020;11(1):42-4.

Cite this article as: Yadav V, Kaur J, Kapoor S. Schwannoma of the tongue: a case report and review of literature. Int J Otorhinolaryngol Head Neck Surg 2026;12:457-60.