INTRODUCTION

The neurofibroma (NF) is a benign tumor of the peripheral nerve sheath that rarely affects the head and neck. However, among neural lesions, this is the one that most frequently affects this region1-2. The NF can be intra or extra-osseous, alone or multiple (associated with type I neurofibromatosis)3-4. The most common extra-osseous mouth NF locations are tongue, oral mucosa and lips2. In the literature we found two well-documented cases of solitary extra-osseous NF in the hard palate3,4.

CASE PRESENTATION

A 39 year-old-female was referred to us because of a diagnosis of a lesion on the palate. The patient was edentulous and had a single, asymptomatic, sessile and fibrous pink and smooth nodule measuring 30 x 30 x 05mm, on the right side of the posterior region of the hard palate, near the alveolar border, that had been evolving for three years (Figure 1A). Her medical history was uneventful. X-ray images did not show any alterations. The clinical diagnosis was pleomorphic adenoma or benign menenchymal neoplasia. We did an incisional biopsy and the specimen was referred to analysis. Histological exam showed fusiform cell proliferation with undulated nuclei distributed in a disorganized fashion on the fibrous connective tissue (Figure 1B). All the neoplastic cells were immunopositive for protein S-100 (streptoavidin-biotin technique, dilution 1:100, without antigenic recovery, 4ºC) (Figure 1C). The final diagnosis was NF. The patient was re-evaluated and there were no more evidences of type I neurofibromatosis. The lesion was excised; it was well outlined and attached to the greater palatine nerve (Figure 1D). This portion of the nerve was also resected (Figure 1E). There was no recurrence during the 12 months of follow up (Figure 1F).

DISCUSSION

Pollack1 and Shimoyama et al1 reported two cases of solitary extra-osseous hard palate NF, which usually is a small, sessile, smooth, well outlined and not-encapsulated nodule2-3. Cherrick and Eversole6 observed a predilection for females. Chen and Miller5 reported that mouth NF affect people between 9 and 72 years of age. These clinical characteristics were seen in this case. NFs are immunopositive for the S-100 protein in 85 to 100% of the cases, indicating its neural origin4-5. Treatment for solitary NF is surgical excision and recurrence is rare5-6. In the case hereby described the tumor was easily removed because it was well outlined. Moreover, a portion of the greater palatine nerve was also removed.

REFERENCES