

## Similar Clinical and Dermoscopic Features of Cutaneous Schwannomas

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### Introduction

Schwannomas rarely present as isolated dermal lesions, and they are usually diagnosed by pathological examination [1]. In the literature, data on dermoscopy of cutaneous schwannomas are limited to a small number of cases. In this article, two schwannoma cases with very similar clinical features will be discussed in light of their dermoscopic findings.

### Case Presentations

Two cases of histopathologically confirmed schwannoma with available clinical and dermoscopic photographs are presented (Table 1). Both patients presented with asymptomatic skin-colored dermal nodules located on the face with prominent telangiectatic vessels to the naked eye. Polarized dermoscopy of the first case revealed a dermoscopic pattern of scattered slight brown pigmentation on a milky-red-whitish surface and arborizing and looped vessels on the periphery with light pressure. Polarized dermoscopy of the second case

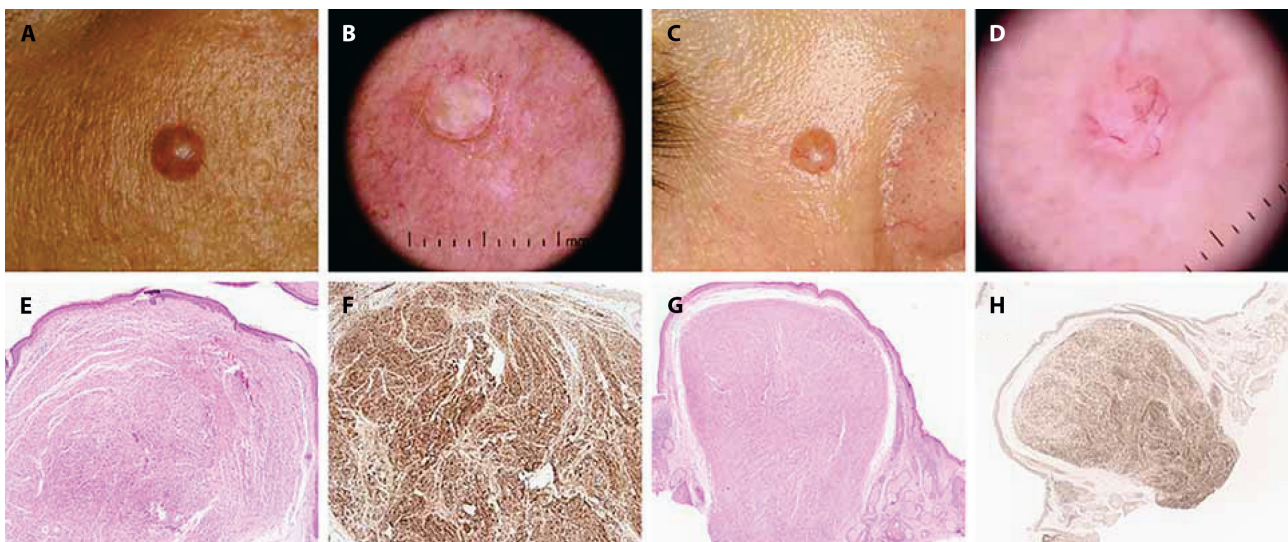
also revealed arborizing and prominent telangiectatic vessels crossing the midline and fine telangiectasias on a milky-red background (Table 1, Figure 1). Both tumors were surgically removed with the differential diagnoses of intradermal nevus, nodular type basal cell carcinoma, and skin appendage tumor. Histopathological examination revealed the diagnosis of schwannoma. Written informed consent was obtained from both patients for the publication of clinical details and lesion images.

### Conclusion

Schwannomas' dermoscopic findings were not well described [1]. In the few case reports, nonspecific erythema [2], blue-white veil on structureless brown-blue pigmentation [3], branching vessels of different diameters, scattered pigmented areas, lobulated appearance [4], and branching vessels on a whitish transparent background [5,6] have been described. Nonspecific erythema and structureless pigmentation were observed in schwannomas that had existed for a

**Table 1. Clinical and dermoscopic information**

Patient	Age	Sex	Duration	Location	Clinical Features	Tumor Size	Symptom	Dermoscopy
1	41	Male	3 years	Right malar	Skin-colored nodule with prominent telangiectatic vessels	5x4x3 mm	-	Scattered pigmentation on milky-red-whitish surface, arborizing/looped vessels on the periphery with pressure
2	45	Female	2 years	Right perinasal	Skin-colored nodule with prominent telangiectatic vessels	8x6x5 mm	-	Arborizing and prominent telangiectatic vessels crossing the midline, fine telangiectasias on a milky-red background with slight brown pigmentation



**Figure 1.** Clinical pictures of (A) Case 1 and (C) Case 2 showing prominent telangiectasias. (B) Scattered light brown pigmentation on a milky-red-whitish surface with arborizing/looped vessels on the periphery with pressure (arrows) and (D) arborizing vessels on dermoscopy. (E, G) Encapsulated nodular lesion in the dermis separated from the surrounding area by a smooth border on histopathological examination. (F, H) Diffuse and strong staining with s100 in immunohistochemical examination.

relatively longer time (>20 years) [2,3], yet branching vessels were reported in newer lesions (6 months–8 years) [4-6]. The absence of vascular structures in older lesions may be due to degeneration of the lesion over time. In our cases, the reason why branching vessels were clearly visible on dermoscopy may be that they are relatively new lesions or that these lesions were located just under the epidermis.

Cutaneous schwannomas can be included in the differential diagnosis with malignant and benign lesions such as nodular

basal cell carcinoma and intradermal nevus due to their clinical features and vascular structures in dermoscopy [6]. Kim et al. [6] stated that in their case series the appearance of arborizing vessels on polarized dermoscopy in half of the lesions could be a clue in narrowing down the differential diagnosis. We suggest that schwannoma should also be considered in the preliminary diagnosis of patients presenting with telangiectatic vessels evident on macroscopy on a skin-colored dermal nodule. In suspicious lesions, histopathology is essential in diagnosis.

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