

## Presenter Disclosure Information

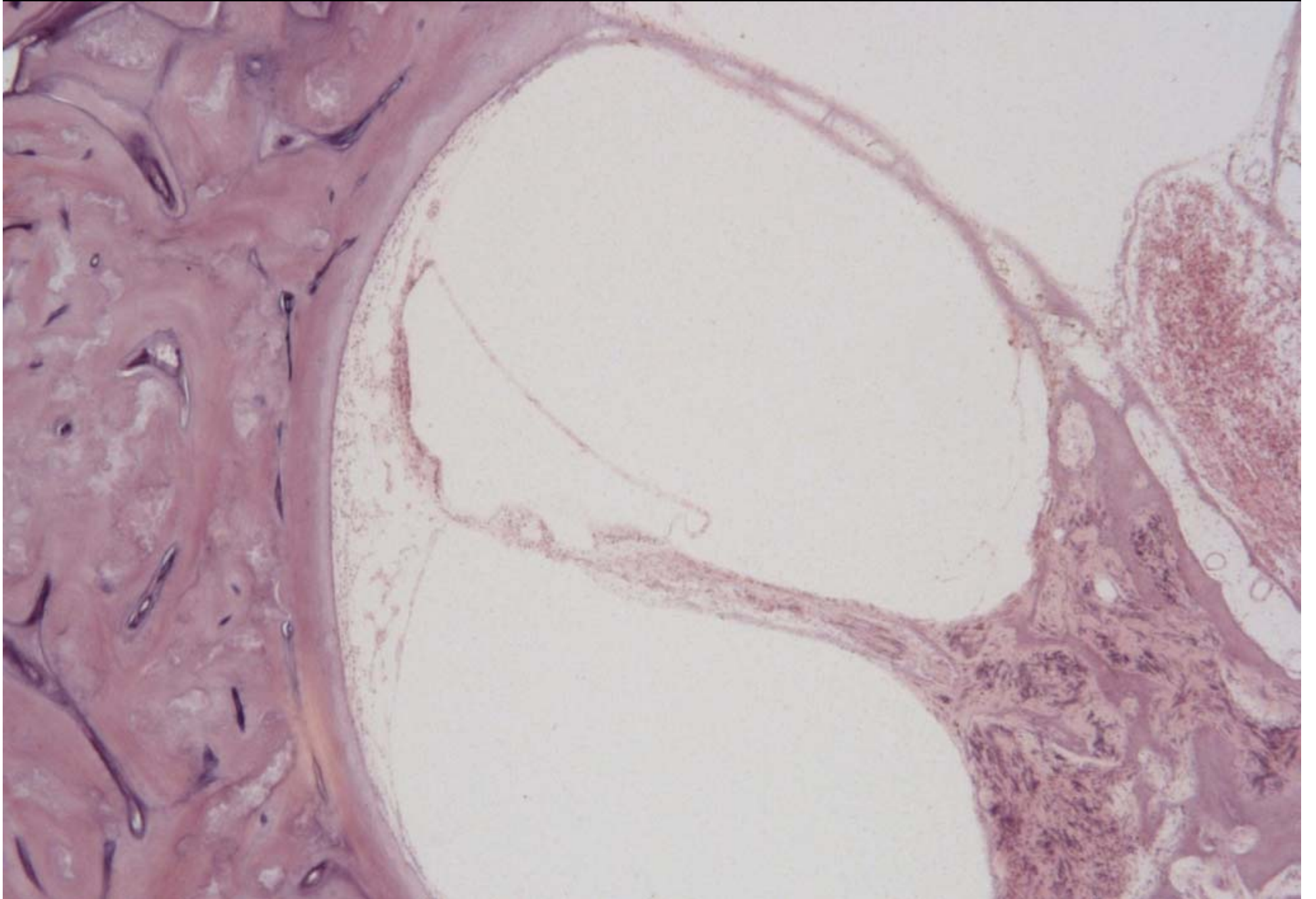
Felipe Santos

The following relationships exist related to this presentation: No relationships to disclose

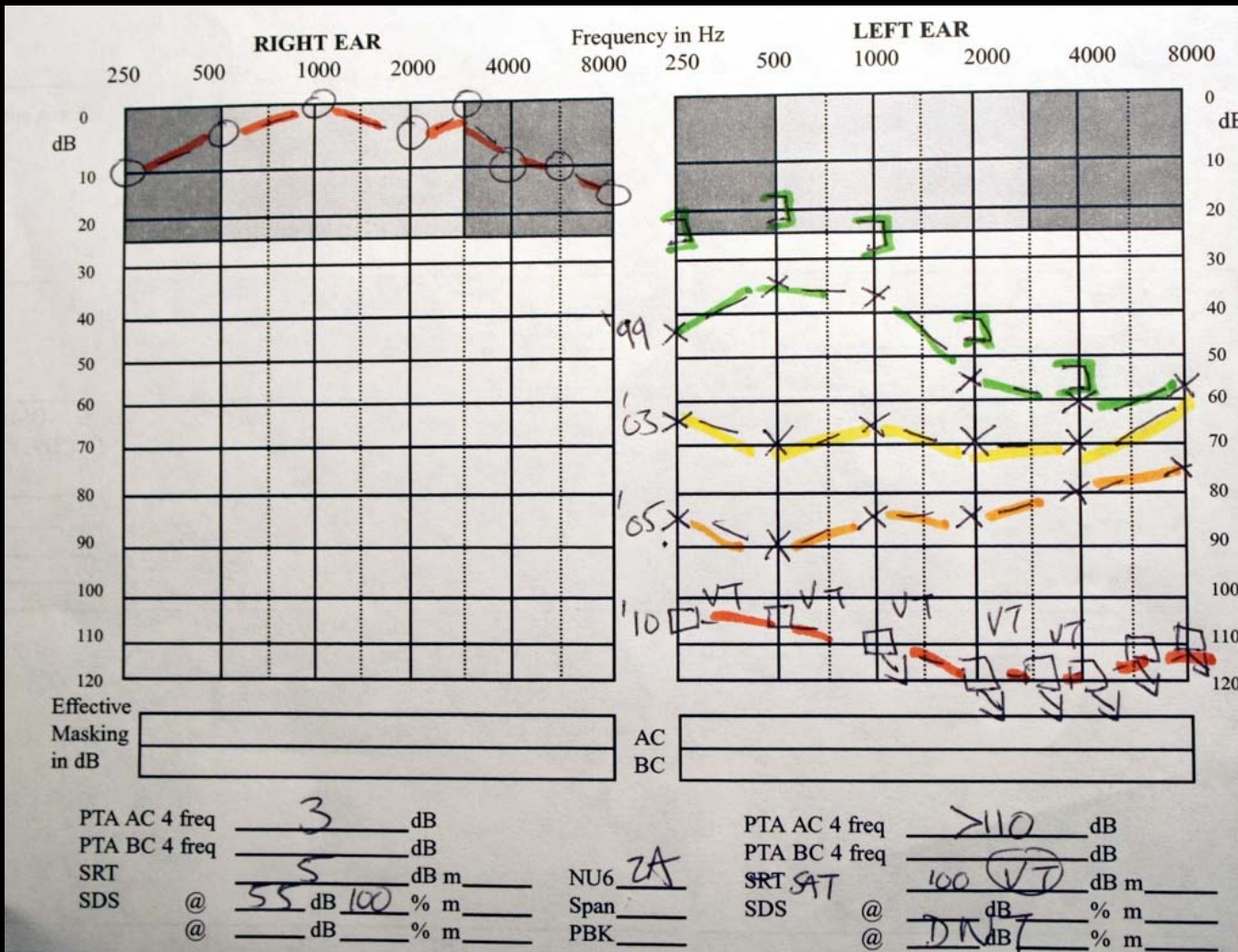
# Clinical and Histopathological Features of Intralabyrinthine Schwannomas

Felipe Santos, Fred H. Linthicum, John W. House and Eric P.  
Wilkinson  
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Los Angeles, CA



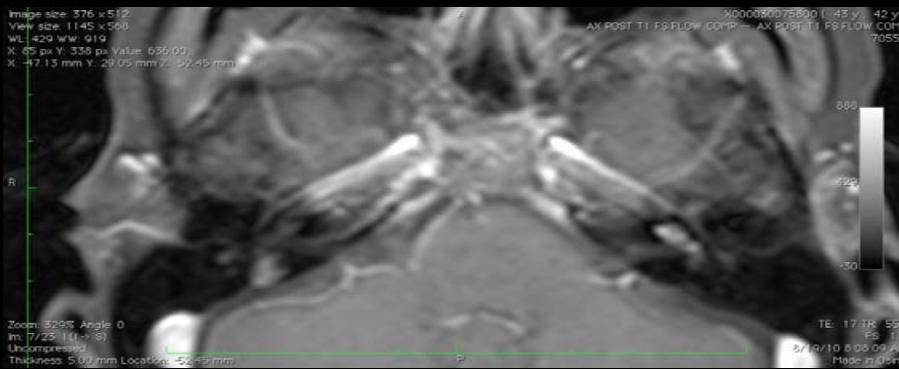


# Case I

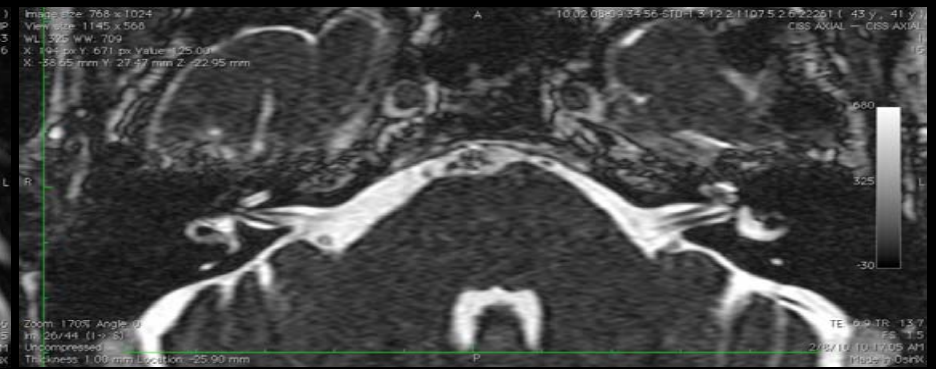


- 43 y.o. female
- Hearing Loss
- Tinnitus
- 3 episodes of vertigo now resolved

# Imaging



T1 with Gadolinium



CISS



# Symptoms

HEARING LOSS 100%

TINNITUS 96%

EPISODIC DIZZINESS 58%

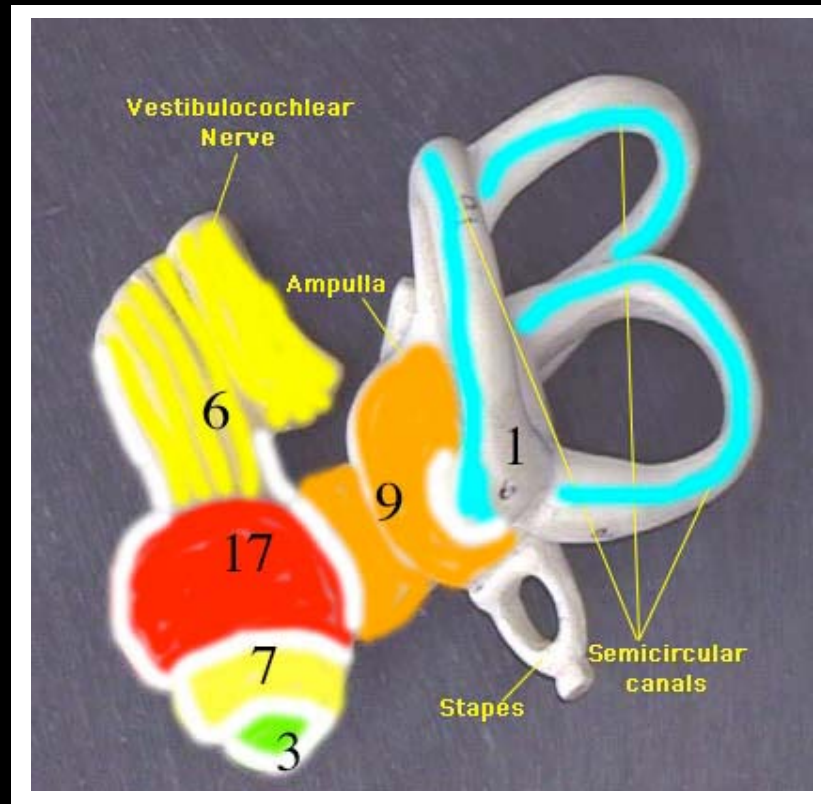
VERTIGO 46%

HEADACHE 25%

AURAL FULLNESS 8%

OTALGIA 4%

# Location



# Hearing at Presentation

AAOHNS Class A 33%

Mixed 25%

AAOHNS Class B 29%

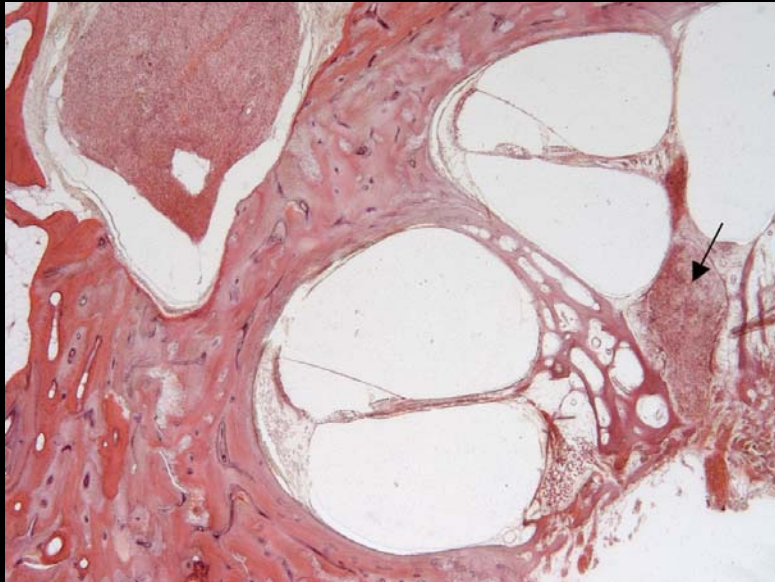
Sudden 25%

AAOHNS Class D 38%

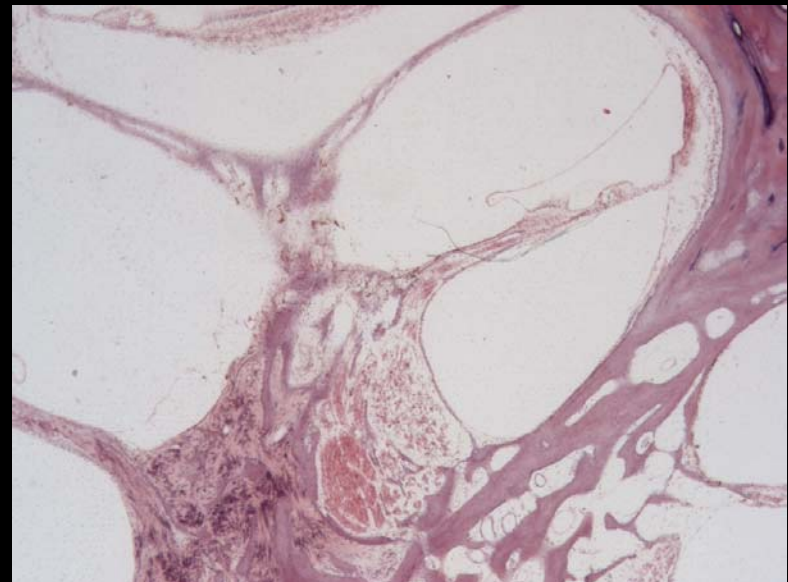
Progressive 75%







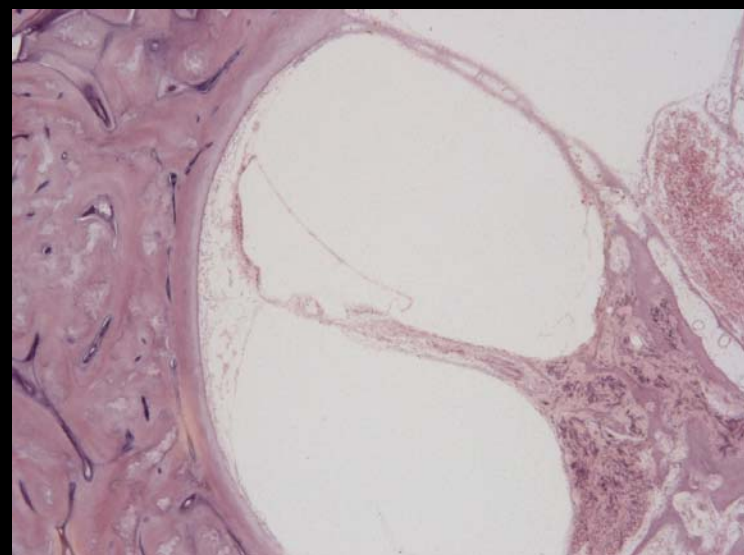
loss of spiral ganglion cells



hydrops



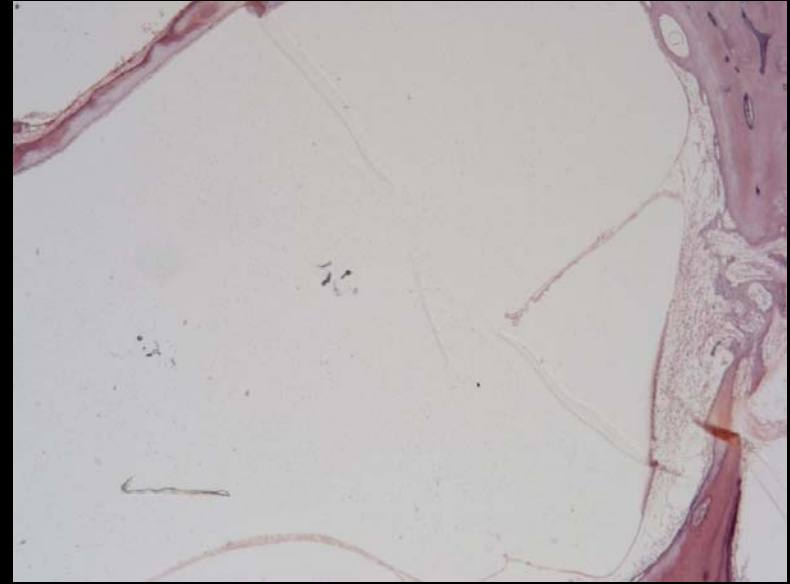
loss of hair cells



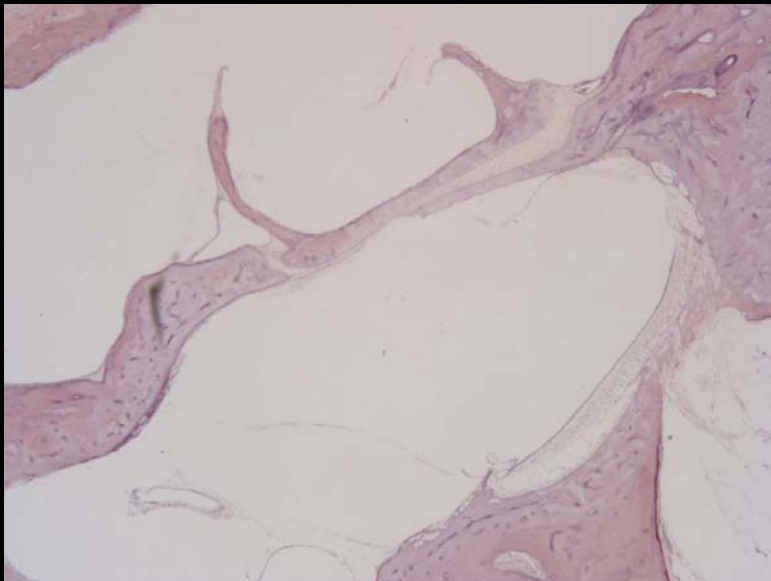
loss of dendrites



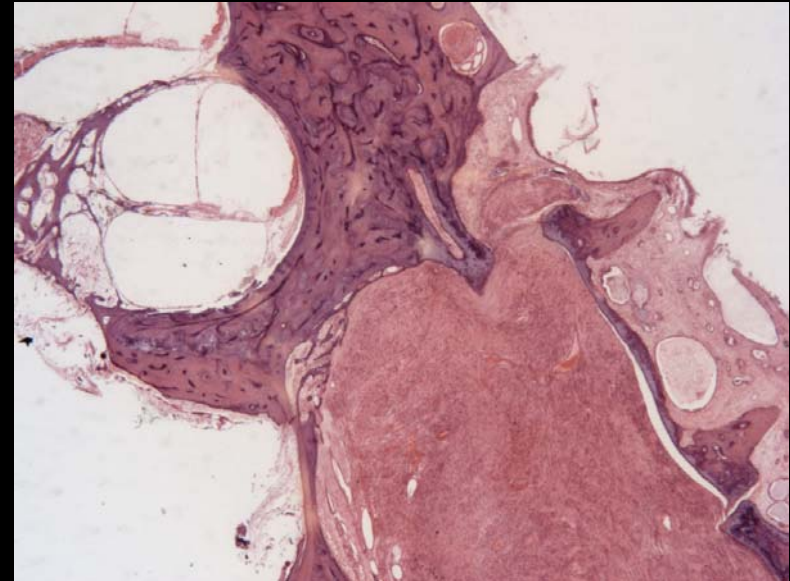
**stria vascularis atrophy**



**saccule rupture**

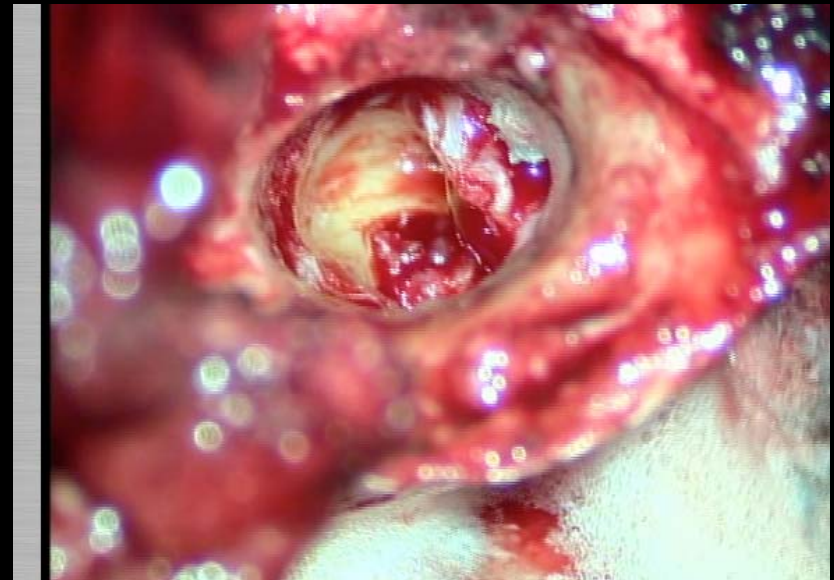
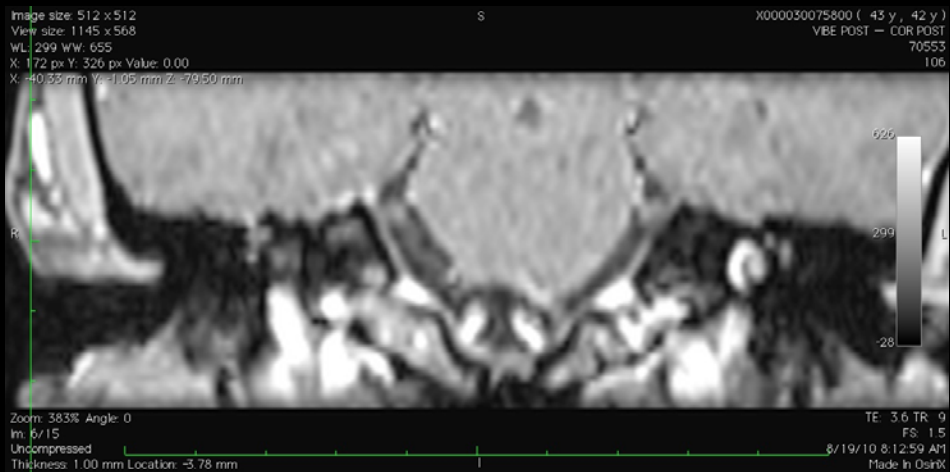


**saccule distension**



**middle ear extension**

# MANAGEMENT



# Conclusions

- **Hearing loss is the most common symptom with intralabyrinthine schwannomas. The hearing loss may be progressive, or sudden and initially may be mixed.**
- **Histopathology of intralabyrinthine schwannomas reveals neural, cellular and membranous degeneration.**
- **Hearing preservation strategies, including observation, may be considered for management of these tumors prior to definitive resection.**