INTRODUCTION:
Schwannomas are benign, solitary, slow growing, encapsulated tumors arising from Schwann cells of the peripheral nervous system. About 50% of neurogenic tumors originate in the head and neck region and are primarily located in the parapharyngeal space. Laryngeal schwannomas are rarely found, and account for 0.1% to 1.5% of all benign tumors of the larynx.

CASE REPORT:
A 37-year-old female presented at our Otolaryngology clinic with a history of globus sensation since last four months. She had no difficulty in respiration and hoarseness. There was no palpable cervical lymph node. Indirect laryngoscopy showed a large, reddish glistening mass at interarytenoid region with loss of visualization of posterior two third of false and true vocal cords. Preoperative investigations were done and the patient was admitted in our hospital. Under general anaesthesia, fiberoptic orotracheal intubation was done avoiding tracheostomy, with great care without producing any injury to the mass. Microlaryngoscopic excision of that mass was performed. The tumor was meticulously removed from its base with the help of microscissors without injuring vocal cords. The mass was 2.5 cm in length and 2 cm in breadth. It was firm in consistency and had a smooth glistening surface (Fig. 1). Histopathological examination showed that the tumor was encapsulated with hypo and hypercellular areas. Hypocellular areas showing myxoid changes and hypercellular areas with spindle shaped cells along with nuclear palisading, consistent with the diagnosis of schwannoma (Fig. 2). The recovery was uneventful. After six months follow up there was no evidence of any residual mass or recurrence.

DISCUSSION:
Schwannomas were first described by Verocay in 1908 who termed them neurinomas. In 1940, Stout recognized the schwannian derivations of this neurogenic tumors and called the same entity schwannoma. Laryngeal schwannomas were first described by Suchanek in 1925. Schwannomas arise from schwann cells of nerve root, most frequently in the eighth cranial nerve (vestibular Schwannoma/ acoustic Schwannoma/ acoustic neroma). The fifth cranial nerve is the second most common site. Schwannomas are mostly benign but occasionally it may undergo malignant changes. 80% of Schwannomas are usually found in the areepiglottic folds and in the false vocal cords in the supraglottic space; true vocal fold and epiglottis are more rare localization. The superior laryngeal nerve is most commonly affected.

Abstract
Laryngeal Schwannoma is an extremely rare with incidence of 0.1 – 1.5% in all benign laryngeal tumours making it difficult to diagnose. The most common anatomical site is the areepiglottic fold, followed by the arytenoids, ventricular folds, and vocal cord. Most patients present with hoarseness, dysphagia or globus sensation. The present case report describes a 37 year old female patient with symptoms of globus sensation.

Key Words: Laryngeal schwannoma, Globus Sensation.
Surgery is the treatment of choice for schwannomas of the larynx because they are usually benign and do not recur on long term follow up after complete surgical excision. However, surgical approach depends on the site and size of tumour. In our case, microlaryngoscopic excision was done. Larger ones have to be removed by external approach. We present this case to acquaint the clinician about the presentation and the treatment option of this disease. Any atypical mass of the larynx, schwannoma as differential diagnosis should be borne in mind and treated accordingly.

**CONCLUSION:**
Despite its rarity, neurogenic tumors of the larynx need to be recognised. Sometimes it may present as globus sensation. Surgical resection is treatment of choice and complete resection is necessary to prevent recurrence.

**REFERENCES:**