ORTHOPAEDIC ONCOLOGY · PATIENT GUIDE

Schwannoma in an Arm or Leg: Symptoms and Treatment Choices

Questions about the lump, the nerve it arises from and the choices ahead.

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Published 2 November 2026 · Updated 2 November 2026 · Clinically reviewed 2 November 2026

https://drvishnubaburaj.com/blog/oncology/peripheral-schwannoma-arm-leg/



A schwannoma grows from Schwann cells, which form an insulating covering around nerves. In an arm or leg, the affected nerve may carry signals for sensation, movement or both. This makes nerve function an important part of the treatment discussion.[1]

This article focuses on a peripheral schwannoma in a limb. Identifying the nerve involved is central to understanding what the diagnosis means for you.

What symptoms can a schwannoma cause?

Some cause no symptoms. Others produce pain, tingling, pins and needles, numbness or weakness. These symptoms can resemble more common nerve problems, so symptoms alone cannot establish the diagnosis. Examination and appropriate imaging help explain what is happening.[1]

Describe what has changed in practical terms. Is there a patch of altered feeling? Has using the hand or walking become more difficult? Note when the symptoms started and whether they are changing.

> **Dr. Vishnu's perspective**
>
> Your concern about losing strength or sensation belongs at the beginning of this discussion. I want to explain which nerve is involved, what it currently does and what a change in its function could mean for you. Tell me which movements or tasks matter most, so we can discuss the proposed treatment with those priorities in mind.

Is every nerve sheath tumour the same?

No. A typical schwannoma is benign and tends to push nerve fibres aside as it grows. A neurofibroma has a different relationship with those fibres, mingling with them. Malignant peripheral nerve sheath tumour, often shortened to MPNST, is a separate cancerous diagnosis. These names should not be used interchangeably.[2]

Some nerve tumours are linked to inherited conditions, while others develop from changes that are not inherited. Multiple schwannomas can be associated with schwannomatosis. A single lump does not establish that diagnosis. Ask whether your history or other findings give a reason for genetic assessment.[2]

What do MRI and biopsy add?

The assessment includes your history and an examination of strength and sensation. MRI helps show whether the growth arises from a nerve and how it relates to surrounding tissues. Ultrasound or electrical nerve tests may add information in selected circumstances; each test should answer a specific question.[3]

A biopsy is not automatic for every suspected schwannoma. It may be useful if the scan leaves doubt about the diagnosis or the result would alter treatment. A specialist team should decide how to investigate the tumour, taking its connection to the nerve into account.[3]

When might monitoring be reasonable?

Regular observation may be offered for a schwannoma that is not causing symptoms. Ask what follow-up involves in your case and which changes should prompt earlier contact. Monitoring is a decision made after assessment, rather than an assumption that an unexplained lump can be left alone.[1]

What would make surgery worth considering?

Pain, loss of nerve function, substantial growth or concern about the diagnosis may bring surgery into the discussion. These were reasons for operating in a specialist surgical series; they do not mean that every asymptomatic tumour needs removal.[4]

The aim is to separate the tumour from functioning nerve fibres while preserving movement and sensation. Surgeons may use magnification and nerve stimulation to identify and protect those fibres. The relevant experience is surgery involving peripheral nerves, because removing the lump and protecting the nerve are closely connected tasks.[4]

Discuss the function at risk

- What movement or sensation does this nerve supply?
- Which of my symptoms do you expect surgery to help?
- What would you do if the tumour cannot be separated safely?
- What support would I need if nerve function changed?

Surgery can cause new numbness, pain or weakness, and some changes may persist. The aim of protecting the nerve is therefore not a guarantee that its function will be unchanged. The risk needs to be discussed for the particular nerve and operation.[5]

More about the evidence

A small retrospective study of operations on schwannomas arising from major nerves in the lower limb found that some postoperative changes improved while others persisted. It cannot predict an individual result for a different tumour or nerve.[5]

The separate surgical series describing treatment indications included selected adults who underwent operations, without an observed asymptomatic control group.[4]

What should the aftercare plan cover?

Rehabilitation may be needed if movement, strength or sensation is affected. Physiotherapy, occupational therapy or a brace can be considered according to the difficulty. Recovery varies, so advice about work and activities needs to fit your operation rather than a fixed timetable.[3]

The plan should set out the next step, whether that is another review, further investigation or surgery, and include whom to contact about a change in symptoms. You should know when to expect the next discussion.

Frequently Asked Questions

Is a schwannoma a type of cancer?

A typical schwannoma is a benign nerve sheath tumour. Malignant peripheral nerve sheath tumour is a different diagnosis with different treatment implications. Ask your specialist to explain the precise diagnosis rather than interpreting every nerve tumour as cancer. [2]

Can a schwannoma be monitored instead of removed?

Yes. Observation with follow-up may be appropriate when a schwannoma is not causing symptoms. The choice requires an assessment of the tumour and the affected nerve. Agree on the review plan and how to contact the team if symptoms change. [1]

Does every suspected schwannoma need a needle biopsy?

No. Biopsy is considered when imaging leaves uncertainty or when the result would change treatment. The decision should be made with a team experienced in nerve tumours. [3]

Will numbness disappear after schwannoma surgery?

It cannot be promised. Sensory symptoms can improve, but new or persistent sensory loss and weakness are recognised after surgery. A lower-limb surgical study documented both improvement over time and lasting deficits. Your surgeon should explain the risk for the particular nerve involved. [5]

Your consultation

Review a limb schwannoma diagnosis in Kannur

To discuss a schwannoma in an arm or leg, you can book a consultation with Dr. Vishnu Baburaj at Aster MIMS Kannur. The discussion can cover symptoms, monitoring or a proposed operation.

Book a consultation Plan your visit

The evidence behind this article

1. Johns Hopkins Medicine. Schwannoma. Definition, limb symptoms, diagnosis and observation sections. Accessed 20 October 2026.
2. Mayo Clinic. Nerve sheath tumors: Symptoms and causes. 10 February 2026. Types and causes sections.
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4. Zipfel J, Al-Hariri M, Gugel I, et al. Surgical Management of Sporadic Peripheral Nerve Schwannomas in Adults: Indications and Outcome in a Single Center Cohort. Cancers. 2021;13(5):1017. doi:10.3390/cancers13051017.
5. Kim SM, Seo SW, Lee JY, Sung KS. Surgical outcome of Schwannomas arising from major peripheral nerves in the lower limb. International Orthopaedics. 2012;36(8):1721-1725. doi:10.1007/s00264-012-1560-3.

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