



Oral Squamous Cell Papilloma: A Case Report and Review

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Abstract

Squamous papillomas are common lesions of the oral mucosa related to human papilloma virus even though the controversy regarding its pathogenesis still exists. It most often occurs on the tongue and the hard palate. It is important to diagnose it correctly as it may mimic malignant lesions. Here we present a case of oral squamous cell papilloma and its review.

Keywords: Papilloma virus; Tongue; Malignant lesion

Case Presentation

A 75 year male patient reported to the clinic with a chief complaint of a growth over the right side of the tongue since 1 year. The growth was associated with a dull pain and a mild discomfort in speech and deglutition. Initially it was small in size later it grew larger and reduced in its size after undergoing extraction of few teeth nearer to it.

On extra oral examination, there was reduced vertical dimension of the face (Figure 1). Intraoral examination revealed an exophytic tissue growth in relation to right lateral border of tongue of size 2 cm × 2 cm, extending over to the ventral surface of the tongue. Surface of the tongue appeared fissured and lobulated. A linear white keratotic area was seen over the right lateral and ventral aspect of the tongue (Figure 2). On palpation, slight tenderness was present. Base appeared indurated and firm in consistency. The white keratotic area was non scrapable and non tender. After clinical examination, a provisional diagnosis of malignant lesion of the tongue was given with a TNM staging of T1N0M0.

Toluidine blue staining was done and the lesion did not take up the stain (Figure 3). The patient was referred to an oral surgeon for excisional biopsy, where the histopathological analysis revealed multiple fingers like projections of stratified squamous epithelium exhibiting hyperkeratosis and keratin plugging. The underlying connective tissue entrapped within the papillary projections showed chronic inflammatory infiltrate.

Based on the clinical and histopathological report, the final diagnosis given was SQUAMOUS PAPILLOMA of the tongue.

Discussion

Incidence

Among the papillary lesions of oral mucosa, squamous papilloma is the commonest, with an estimate of 4 in 1000. It is usually reported in the age group of 30 years to 50 years, unlike our case which was seen in a 65 year old person. There is equal sex incidence, even though few studies show slight male predilection. In our case it was seen in a male [1].

The whitish color of the lesions indicates the thickness of the cornfield layer which was seen in our case too [2].

It is caused by Human Papilloma Virus (HPV) types 6 and 11 (HPV 6 and HPV 11) which is less virulent and has a low infectivity rate. The pathogenesis is that, the integration of the double stranded viral DNA with the host DNA leads to the development of papilloma [3].

The lesion often presents as a well circumscribed, solitary exophytic growth with a, roughened or wart like surface. The surface either has numerous small finger-like projections or may be blunted. It is seen almost always as a pedunculated lesion but can be sessile occasionally. It is mostly painless. Depending on the thickness of keratinization, the appears white or pink. Sometimes the surface appears reddened due to trauma. The lesion often measures from a few millimeters to less than 1cm in diameter but sometimes large lesions can be seen [4]. Our case appeared as an exophytic growth of size 2 cm × 2 cm and was fissured and lobulated with a linear white keratotic area.

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Figure 1: Showing the patient profile.



Figure 2: Showing the intraoral examination.



Figure 3: Showing the picture after Toluidine blue staining.

Electron microscopic analysis is preferred over conventional biopsy. The other methods of detection are in situ hybridization, immunohistochemistry and Polymerase Chain Reaction (PCR)

technique [5]. Histological it is lined by well ordered stratified squamous epithelium. There is perinuclear cytoplasmic vacuolisation of spinous cells which are surrounded by optically clear zone forming perinuclear pale halos and pyknosis. The connective tissue is fibro vascular in nature with chronic inflammatory cell infiltration [6].

The treatment option preferred is surgical excision. Either routine excision or laser ablation can be used. Other treatment modalities include electrocautery, cryosurgery, and intralesional injections of inter-feron. Recurrence is not common, except in patients infected with Human Immunodeficiency Virus (HIV) [7].

Our case is being recalled every six months to monitor for any recurrence.

Conclusion

Diagnosing intraoral lesions such as Squamous Papillomas rightly and differentiating them from other malignant lesions helps in rendering the right treatment at the right time and also in saving lives.

References

1. Neville BW, Damm DD, Allen CM, Bouquot JE. Oral & maxillofacial pathology. 2nd ed. 2004;304-5.
2. Carneiro TE, Marinho SA, Verli FD, Mesquita AT, Lima NL, Miranda JL. Oral squamous papilloma: clinical, histologic and immunohistochemical analyses. J Oral Sci. 2009;51(3):367-72.
3. Syrjänen S. Human papillomavirus infections and oral tumors. Med Microbiol Immunol. 2003;192(3):123-8.
4. Rajendran R, Sivapathasundaram B. Benign and malignant tumors of oral cavity. Shafer's textbook of Oral Pathology. 6th ed. Noida, New Delhi: Elsevier; 2009.
5. Sathesh Kumar K, Premlal KR, Sivaramakrishnan M, Aroumougam A. Oral Squamous Papilloma. J Scientific Dentistry, 2017;7(1):46-9.
6. Bao Z, Yang X, Shi L, Feng J, Liu W, Zhou Z. Clinicopathologic features of oral squamous papilloma and papillary squamous cell carcinoma: a study of 197 patients from eastern China. Anna Diagn Pathol. 2012;16(6):454-8.
7. Marx RE, Stern D. Oral and Maxillofacial Pathology: A Rationale for Treatment. Hanover Park, Ill. Quintessence Publishing; 2003.