

ORAL SQUAMOUS PAPILLOMA OF TONGUE: A CASE REPORT**Dr. Kriti Garg^{1*}, Dr. Rohan Sachdev², Dr. Ankita Raj³ and Dr. Vishal Mehrotra⁴**

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ABSTRACT

Oral squamous papilloma is a benign proliferation of the stratified squamous epithelium, which results in a papillary or verrucous exophytic mass, that arise from the mucosal surface. The most common site is the palate uvula area followed by tongue, lips and buccal mucosa. The etiology remains unknown. Conservative surgical excision is the treatment of choice with rare recurrence. Here we are reporting a case of squamous papilloma of right lateral border of tongue in a 55 year old male patient.

KEYWORDS: Tongue, squamous papilloma, pedunculated, excisional biopsy.

INTRODUCTION

Oral squamous papillomas are common lesions of the oral mucosa. It is a benign proliferation of the stratified squamous epithelium, which results in a pedunculated or sessile, white or normal colored cauliflower-like projections that arise from the mucosal surface.^[1] The sites of predilection for localization of the lesions include the tongue, lip and soft palate (20%)^[1], but any surface of the oral cavity can be affected.^[1,2,3] Most of the papillomas measure less than 1.0 cm to only 3 or 4 millimeters in size.^[1,3] We report one case of squamous papilloma arising from tongue in oral cavity.

CASE REPORT

55 year old male patient came with the chief complaint of white growth on right cheek region from 6months. Past medical, dental and personal history was non-contributory. Upon intra oral examination solitary white growth of size 2x2 cm approximately with numerous finger like projections was present over right lateral border of tongue, with sharp cusp of teeth in relation to 46,47. [Figure-1] Upon palpation inspectory findings are confirmed, solitary growth was non tender and soft in consistency.



Figure. 1. Finger like projections white color growth present on the right lateral border of tongue.

A provisional diagnosis of Oral papilloma was made and the patient was advised for routine blood test along with special investigation of ELISA, which was negative. Surgical excision of the lesion was performed under general anesthesia with a 1mm margin to the depth of the submucosa. The histopathological section of growth stated papillary finger like projections with thick hyperkeratotic squamous epithelium. [Figure-2] Based on histopathological diagnosis we gave final diagnosis of oral squamous papilloma.

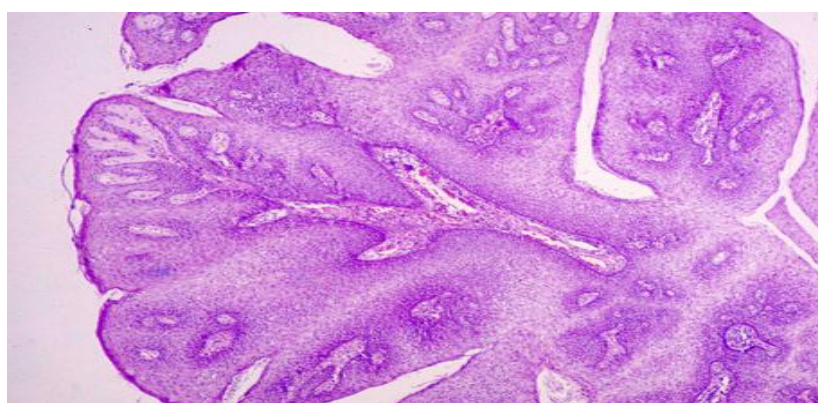


Figure. 2. Histopathologically papillary finger like projections.

DISCUSSION

Oral squamous papilloma is a generic term that is used to include papillary and verrucous growths composed of benign epithelium and minor amounts of supporting connective tissue.^[3] Some are pedunculated and others are sessile. Some are single; others are multiple or diffusely involve broad areas of the oral mucosa. The squamous papilloma is the fourth most common oral mucosal mass and forms 3-4% of all biopsied oral soft tissue lesions. It was first reported as a gingival "wart" by Tames in 1848 and is a localized, benign HPV-induced epithelial hyperplasia.^[4,5,6] The oral squamous papilloma is usually diagnosed in people between 20-50 years.^[1,2] The common sites are the palate, uvula, tongue and lips. The lesions generally measure less than 1 cm in range but in our case it was 5x5 cm which makes it rare occurrence and as per literature only one case has been reported with squamous papilloma of 7cm¹ (Naveen K et al) and appear as pink-to-white exophytic granular or cauliflower-like surface alterations. The lesions are generally asymptomatic as was in the above present case. Squamous papillomas are traditionally divided into two types: isolated-solitary and multiple-recurring.^[1,3,6] The isolated lesion usually found in an adult's oral cavity, while the multiple-recurring is mostly found in a child's laryngo-tracheobronchial complex.^[3,5,6] The single lesion is most common and appears as a soft, pedunculated mass with numerous finger-like projections, and these projections may be long and pointy or short and rounded if keratin has built-up round the lesion.^[1] Less keratinized lesions are pink or red in colour and resemble a raspberry, while heavily keratinized lesions are white and look like the head of a cauliflower.^[1,6] The exact etiology is not known but the squamous papilloma is associated with human papilloma virus (HPV) types 6, and 11.^[5,6] Although many oral squamous papillomas appear to be virally induced, the infectivity of the HPV must be of a very low order. The route of transmission of the virus is unknown for oral lesions, although direct contact would be favoured as in the present case. Surgical removal is the treatment of choice by either routine excision or laser ablation. Other treatment modalities include electrocautery, cryosurgery, and intralesional injections of interferon, cold-steel excision.^[2,3] Recurrence is uncommon, except for lesions in patients infected with human immunodeficiency virus (HIV).^[2,3]

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