

Squamous Papilloma of Tongue – A Case Report

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ABSTRACT

Oral Squamous papilloma presents as a cauliflower like growth in oral mucosa which in 50 % cases has been associated with HPV 6 and 11. We report a 51-year-old male patient who presented with a large white coloured pedunculated growth on tongue measuring 4cm×2.5cm × 2cm. Lesion was excised surgically with no recurrence within 3-month of follow-up.

KEYWORDS: electrocautery, human papilloma virus, oropharyngeal cancer,

INTRODUCTION:

Squamous papilloma is a rare benign lesion which presents as a pedunculated pink to white coloured growth in oral mucosa. Human papilloma virus is associated with approximately 50% of cases and amongst HPV low risk. HPV account for most of the cases which might be the reason for low conversion of squamous papillomas to squamous cell carcinoma as seen in genital lesions. HPV 6 and 11 are the most common variants of HPV responsible for such lesions.^[1]

CASE REPORT:

A 51-year-old male presented with a white coloured lesion on right lateral border of tongue for 3 years which was gradually increasing in size and was not associated with any symptoms. On examination a single 4cm× 2.5cm × 2cm pedunculated mass with verrucous surface and soft consistency was present on lateral border of tongue (Figure 1). The patient had no verrucous lesion anywhere else in the body. Lesion was excised under local anaesthesia using needle tip electrocautery with 1mm margin (Figure 2). Provisional diagnosis of Squamous papilloma was made and differential diagnosis of focal Epithelial Hyperplasia, oral



Figure 1: Verrucous growth on tongue.



Figure 2: Healed surgical site with no recurrence after three months.

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Squamous Papilloma, oral Lichen Planus, oral Leucoplakia, oral Verrucous Carcinoma and oral

Squamous Carcinoma were considered. Histopathology examination revealed, occasional basal hyperplasia, hyperparakeratosis and koilocyte-like cells suggestive of squamous papilloma (Figure 3).

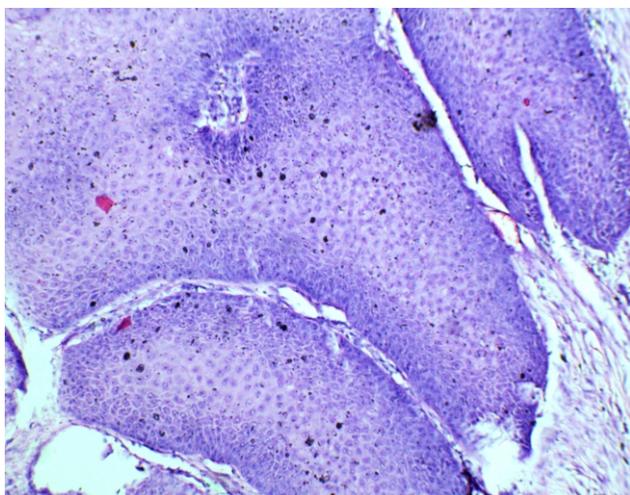


Figure 3: Occasional basal hyperplasia, hyperparakeratosis and koilocyte-like cells suggestive of squamous papilloma.

DISCUSSION:

Squamous papilloma are regarded as benign persistent verrucous growth due to infection with HPV 6 and 11^[2]. Low incidence of carcinomas is due to association with low-risk HPV. Variants of HPV found to be of oncogenic potentials are HPV 16, 18, 31, 33, 35, 39, 45, 51, 55, 56, 58, 59, 66 and 68^[3]. Due to low oncogenic potential of HPV 6 & 11, oral cancers are not frequently associated with squamous papillomas.

They have been reported to be occur present on soft palate, tongue, oesophagus and larynx^[4].

Although the exact etiology of squamous papilloma is unknown, trauma is also considered as one of the core of squamous papilloma^[5]. HPV is said to have the capability to invade the nuclei of the cells in the spinous layer thereby inducing a series of proliferative alterations resulting to cauliflower like growth.

The HPV stimulates basal layer which lead to cell growth and formation of a papillomatous growth.

Various destructive treatments have been used in the past which include cryotherapy, ablation with Carbon dioxide laser and intralesional injections of interferon, but electrocautery is most preferred modality^{[6][7]}.

Newer modalities like topical and intralesional use of MMR and cidofovir have also been tried in treatment of respiratory papillomatosis, as aetiology is same it can also be tried in oral papillomas^{[8][9]}.

Clinical diagnosis can be confirmed by various techniques such as cytology, biopsy, molecular techniques and immunohistochemistry^{[9][10]}. In our patient, diagnosis was confirmed by biopsy.

Recurrence of squamous papilloma is uncommon, except in patients suffering from HIV. Malignancy is uncommon in untreated cases^{[4][11]}.

CONCLUSION:

Verrucous lesion which manifest in oral cavity with similar picture to Squamous papilloma needs to be differentiated with other disorders like squamous cell carcinoma which require prompt treatment and it is important for the dentist and dermatologist to identify these lesions correctly and treat accordingly.

REFERENCES:

1. Snietura M, Lamch R, Kopec A, Waniczek D, Likus W, Lange D, Markowski J. Oral and oropharyngeal papillomas are not associated with high-risk human papillomavirus infection. *Eur Arch Otorhinolaryngol.* 2017;274(9):3477-3483. doi: 10.1007/s00405-017-4649-x. Epub 2017 Jun 21. PMID: 28639061.
2. Castro TP, Bussoloti Filho I. Prevalence of human papillomavirus(HPV) in oral cavity and oropharynx. *Braz J Otorhinolaryngol.* 2006; 72 (2): 272–282.
3. Silva AMTC, Cruz AD, Silva CC, Borges FR, Curado AP (2003) Genotyping of human papillomavirus in patient with recurrent laryngeal papillomatose. *Rev Bras Cancerol* 49, 167-174. (in Portuguese)
4. 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. doi: 10.2334/josnusd.51.367. PMID: 19776503.
5. Wanderley F, de Paula e Silva G, de Queiroz AM. Oral papilloma in pediatric patients. *Braz J Oral Sci.* 2006;5:938-40.
6. Yoshpe NS. Oral and laryngeal papilloma: A pediatric manifestation of sexually transmitted disease? *Int J Pediatr Otorhinolaryngol.* 1995;31:77-83.
7. Ramasamy K, Kanapaty Y, Abdul Gani N. Symptomatic oral squamous papilloma of the uvula - a rare incidental finding. *Malays Fam Physician.* 2019 ;14(3):74-76. PMID: 32175046; PMCID: PMC7067511.
8. Wang Y, Dai PD, Zhang TY. Experimental research on the therapeutic effect of MMR vaccine to juvenile-onset recurrent respiratory papillomatosis. *Eur Arch Otorhinolaryngol.* 2019;276(3):801-803. doi: 10.1007/s00405-019-05351-6. Epub 2019 Feb 26. PMID: 30806807.
9. Meacham RK, Thompson JW. Comparison of cidofovir and the measles, mumps, and rubella vaccine in the treatment of recurrent respiratory papillomatosis. *Ear Nose Throat J.* 2017;96(2):69-74.

- doi:10.1177/014556131709600209. PMID: 28231366.
10. Bond TE. Bond's book of oral disease. Squamous papilloma. 4th Edn.; 1999. Available from: . [Last accessed on 2017Apr06].
11. Syrjänen S, Puranen M. Human papillomavirus infections in children: The potential role of maternal transmission. *Crit Rev Oral Biol Med.* 2000;11:259-74.

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