

UNUSUALLY LARGE ORAL SQUAMOUS CELL PAPILLOMA – A CASE REPORT

Dr. Atul Rathore*

Reader, Index Institute of Dental Sciences, India

ARTICLE INFO

ABSTRACT

CASE REPORT

Article History

Received: March' 2019

Accepted: March' 2019

Keywords: Large Oral squamous cell papilloma

Corresponding author*

Oral squamous cell papilloma (OSCP) is a benign, pedunculated or sessile verrucous exophytic mass, many times related to Human Papillomavirus. Soft palate, tongue & lips are the most common sites. Surgical excision is the treatment of choice. Recurrence is rare. A rare case of unusually large OSCP of hard palate in 13 yr old girl is reported.

©2019, www.medrech.com

INTRODUCTION:

Oral squamous cell papilloma (OSCP) is a benign proliferation of stratified squamous epithelium resulting in a papillary or verrucous exophytic mass.¹

Even though exact etiology is not known, Human Papilloma Virus (HPV) type 6 & 11 are likely to be associated with it.¹⁴

CASE REPORT:

A 13 yr old female reported with a complaint of slowly growing painless palatal growth since 2-3 yrs leading to discomfort, difficulty in eating & speech.

On examination, it was observed that irregularly shaped broad base whitish pink

exophytic growth of approx 4.5x2.5cms in size with finger-like projections and deep clefts was present on hard palate near 22 extending to attach gingiva. Surrounding mucosa was normal.

On palpation, lesion was rough, firm in consistency, non tender & did not bleed on provocation. Taking into consideration clinical findings & history, a provisional diagnosis of Oral Squamous Papilloma was made, after considering verruca vulgaris, condyloma acuminatum, Verruciform Xanthoma, Molluscum contagiosum, Keratoacanthoma for differential diagnosis



Figure 1



Figure 2

Figure 1 & 2: Show palatal lesion extending to attach gingiva

After taking consent from the patient's parents, incision biopsy was performed. The histopathological report showed the presence of keratinized stratified squamous epithelium, papillary projections with a core of connective tissue, minimal inflammatory changes &

loose collagen fibers, confirming the clinical diagnosis. The lesion was removed surgically & healing was uneventful. The absence of HP virus in tissue specimen was confirmed by PCR.

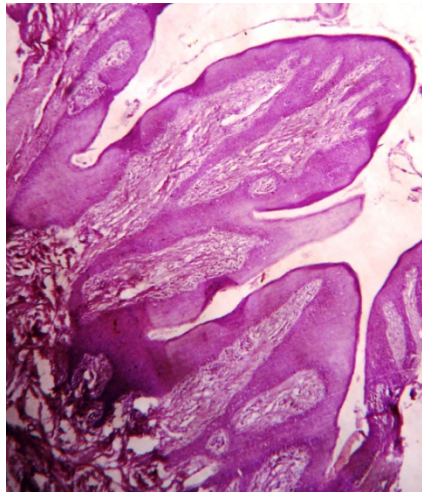


Figure 3: Keratinized stratified squamous epithelium with papillary projections

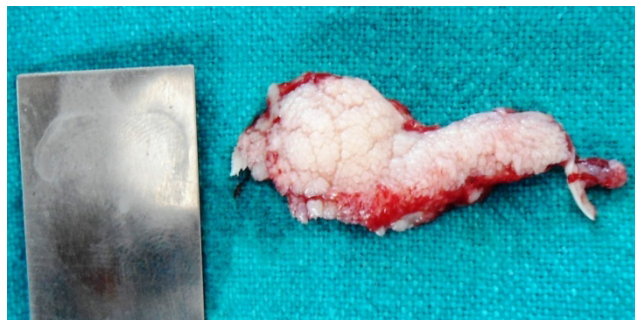


Figure 4: Excised lesion

DISCUSSION:

Oral squamous cell papilloma (OSCP) is a benign hyperplastic wart-like localized proliferation of oral epithelium.² It is white or pink, irregular verrucous exophytic growth rarely more than 1 cm in size with a rough surface and numerous finger-like projections & minimum tendency for malignant transformation.^{7,10,14}

It is most commonly seen in 3rd to 4th decade of life or in children without any sex predilection usually involving tongue, lips, buccal mucosa, gingiva & soft palate.¹¹

Its pathogenesis may be linked to human papillomavirus (HPV), the presence of which can be confirmed by PCR or in situ hybridization using radioisotope labeled

specific probes¹³ however recent studies suggest that presence of HPV may be an incidental finding.^{12,13,16}

Surgical removal is the treatment of choice either by routine excision or laser ablation. Other common treatment modalities include the use of electrocautery & cryosurgery. Recurrence is uncommon, except in patients infected with human immunodeficiency virus (HIV)^{1,8}.

CONCLUSION:

Oral Squamous Papilloma may mimic verrucous carcinoma, Verruciform Xanthoma or condyloma acuminatum with minimum risk of malignant transformation, there may be the presence of HP Virus. It is normally

treated by surgical excision, laser ablation, cryotherapy or electrocautery.

REFERENCE:

1. Oral Squamous Papilloma: Clinical, Histologic and Immunohistochemical analyses: Thalassa E. Carneiro, Sandra A. Marinho, Flaviana D. Verli, Ana T. M. Mesquita, Nádia L. Lima, and João L. Miranda: Journal of Oral Science, vol 51,(3), 367-372, 2009
2. Human Papillomaviruses (HPV) in tissue specimens of Oral Squamous Cell Papillomas and normal oral mucosa: Andrej A. Kansky, Katja Seme, Polona J. Maver, Bostjan Luzar, Nina Gale, and Mario Poljak: Anticancer research vol 26, 3197-3202,2006
3. Oral Squamous Papilloma: Report of a clinical rarity: Anand Pratap Singh, Supreet Jain, T R Chaitra, Adwait Uday Kulkarni: BMJ Case Reports, vol 10,1-2, 2013
4. Symptomatic Squamous Papilloma of the Uvula: Report of a Case and Review of the Literature: Lindsay A. Goodstein, Andleeb Khan, Joel Pinczewski, N. Young: Case Reports in Otolaryngology vol 1,1-2, 2012
5. Oral Squamous Papilloma & Condyloma Acuminatum as a manifestation of buccal genital infection by HPV: Helena Lucia B, Dos Reis, Pricila C, Rabelo mara Rubia F de Santana, Dennis Carvalho Ferreira, Antonio Filho: Indian J. Sex Transm Dis & AIDS vol 30, (1), 40-42,2009
6. Squamous Papilloma: Case Report and Review of Literature: Prashant P. Jaju, Prashant V. Suvarna, Rajiv S. Desai: Int J Oral Sci, vol 2 (4), 222-225, 2010
7. Oral papilloma in pediatric patients: Francisco Wanderley Garcia de, Paula e Silva, Alexandra Mussolino de Queiroz, Braz J; Oral Sci.vol 5(16) 938-940,2006
8. Immunohistochemical demonstration of Human Papilloma Virus (HPV) antigens in oral squamous cell lesions: Kari J. Syrj nen, Seppo Pyrhbnen, Stinam, Syrji nen Anda. Lambergm: British Journal of Oral Surgery vol 21, 147-153,1983
9. Human Papilloma Virus- Its Association with Epithelial Proliferative Lesions: Lino Joao da Costa , Fernando Ricardo Xavier da Silveira, Jessica Moreira Batista, Esther Goldenberg Birman: Braz Dent J: vol 5(1), 5-10,1994
10. Textbook of Oral Medicine, 2nd Edition: Anil Govindrao Ghom, Jaypee publisher, 294-295,2007
11. Oral & Maxillofacial Pathology, 3rd Edition, Neville, Damm, Allen, Bouquot, Elsevier, 362-363,2009
12. SHAFER's Textbook of Oral Pathology, 7th Edition, R. Rajendra, B. Sivapathasundharam, Elsevier, 81-83,2012
13. . Burket's Oral Medicine, 11th Edition, Greenberg, Glick, Ship, Elsevier, 137-138,2008
14. Differential diagnosis of Oral & Maxillofacial Lesions, 5th Edition, Norman K Wood, Paul W. Gooz, Mosby, 145-146,2006
15. Oral Disease in the Tropics, 1st Edition, S.R. Prabhu, D.F. Wilson, D.K.Daftary, N.W. Johnson, 388-389,1993
16. Robert EM, Diane S. Oral, and Maxillofacial Pathology: A rationale for diagnosis and treatment. New Malden: Quintessence publishing 261-262,2003