

Squamous Cell Papilloma: A Case Report

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ABSTRACT

Background: Papillomas are pedunculated or sessile, white or normal colored cauliflower like projection that arises from the mucosal surface. The most common site is palate and uvula followed by tongue and lips. The etiology remains unknown. Viral origin has always been suspected but the studies are still inconclusive. Conservative excision is the treatment of choice with rare recurrence. There is no evidence that Papilloma is premalignant. This is a case report of Squamous Papilloma in a 15 year old girl extending from postero-medial portion of the hard palate to anteriorly with some portions interdentally in left anterior region.

Keywords: Papilloma, Sessile, Premalignant.

INTRODUCTION

Oral squamous papilloma is benign proliferation of the stratified squamous epithelium. These oral mucosal lesions are most often asymptomatic and have small progression¹. Many researches propound its pathogenesis being from the human Papilloma virus (HPV). The recent literature suggests that the presence of HPV may be merely an incidental finding unrelated to the development of a squamous Papilloma². Warty lesions in the oral cavity that are generated by viral infection have quite similar characteristics with histopathological analysis for diagnostic confirmation.³ Here, we present a case of squamous Papilloma in the form of oral lesion in a 15 year old girl.

CASE REPORT

A 15 year old girl reported to the department of oral surgery at Hitkarini Dental College & Hospital, Jabalpur with the chief complaint of growth on the palate since 7 to 8 months. History regarding the growth revealed it as

a slow growing non-tender papule. The present lesion on the day of report was exophytic & sessile in nature, pinkish in colour with pebbled surface, soft in consistency, 2 cmx4cm extending from postero-medial portion of the hard palate to anteriorly with some portions interdentally in right antero-lateral region.

Histopathological report of incisional biopsy revealed it to be a squamous papilloma (fig5). Surgery was planned and routine blood investigations were done for the same. After administration of local anesthesia, the incision was started at the posterior limit of lesion with good margins of healthy tissue and dissection was carried out and sutured (fig 1 & 2). A month later clinical follow-up showed complete healing (fig4). One year of follow up was done without recurrence of the lesion.

DISCUSSION

Squamous papilloma is the most common benign epithelial neoplasm of oral epithelium. Non-keratinized lesions appear coral pink; if keratinized

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Fig 1: Clinical photograph of squamous papilloma of hard palate.



Fig 2: Excised lesion with sutured margin.



Fig 3: Excised lesion.

they become white. In contrast with squamous papilloma of the larynx, squamous papilloma of the oral cavity are not associated with cancer and rarely recur.⁴ Oral squamous papilloma is a non-specific term that is used to describe papillary and verrucous growths composed of benign epithelium & minor amount of connective tissue. The most common site is palate and uvula followed by tongue and lips. Of all sites, the soft palate is the most common and accounted for 20% of the lesions. This tumor is of low virulence i.e. it is not contagious.⁵



Fig 4: Healed lesion.

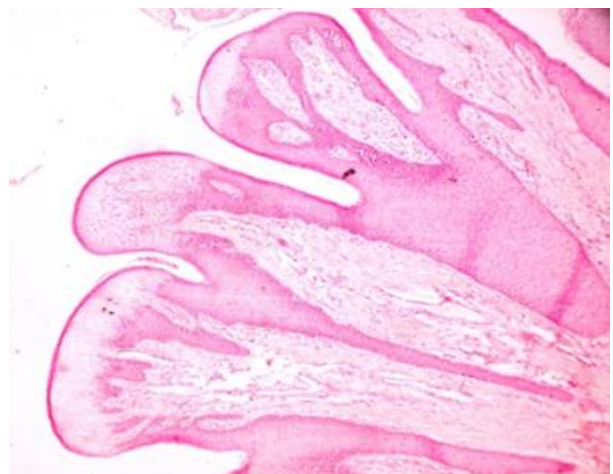


Fig 5: Histopathology of squamous papilloma.

These tumors are characterized by an exophytic, painless, well-delimited growth, and the numerous small digitiform projections on their surface give them a clinical “cauliflower-like” appearance. Papillomas usually manifest as single,

whitish lesions but may have the color of the surrounding mucosa. Although papillomas are typically small, generally measuring only few millimeters in diameter, there are reports of lesions measuring several centimeters.⁶

The etiology of oral squamous papilloma was previously thought to be due to constant traumatic injuries in the oral mucosa. It is difficult to ascertain whether all oral papillomas are of viral origin and presence of HPV is only incidental finding unrelated to the development of squamous papilloma is very questionable. However, Crissman (1988), Lopes & Meeks (2001) & Reszec et al (2002) believe that oral squamous papilloma is a true benign neoplasm possibly related to HPV infection. It is recognized that papilloma viruses gain access to keratinocytes through small wounds, micro traumas in the skin or mucosal surfaces.⁷

On histopathological examination, the papilloma classically demonstrates a complex pattern of multiple fingers like projections of stratified squamous epithelium surrounding a central vascular connective tissue core to sustain and feed the tumor. The tumor cells resemble the normal squamous cells but have acanthosis, hyperkeratosis, & hypergranulosis.⁸ The squamous cell lesions of various sites were found to be associated with Human Papilloma Virus (HPV). The HPVs are DNA viruses with remarkable epithelial cell specificity.⁴ Oral lesion diagnosis is basically clinical, followed by cytology & confirmed by biopsy. A high sensitivity method of virus detection like polymerase chain reaction can be performed.⁹

Conventional electrosurgical methods are commonly used as it reduces bleeding & improves the visibility during surgical procedures. The electrosurgical treatments rely upon thermal methods to rapidly heat & vaporize liquid within tissue to cause cellular destruction.¹⁰ Squamous papilloma are benign mucosal masses.¹¹ Thus surgical removal is the treatment of choice by either excision or laser ablation with good healthy margins of tissues. Other treatment modalities include electrocautery, and intralesional injections of interferon if suspecting viral infections.¹² More recently, gene therapy and vaccines targeted against HPV are currently under trial whereby HPV vaccines should eventually reduce the impact of

these viruses on human health. At present two vaccines have been developed: cervarix and gardasil provide protection against various common strains of HPVs. These vaccines are able to create robust humoral immune response which is much more effective than the levels of antibodies that can be acquired after a general infection.¹³

CONCLUSION

Squamous cell papilloma is a benign neoplasm, is a common entity. Being asymptomatic it doesn't pose practical problems. Nevertheless the malignant transformation can't be precluded, so the lesion should excise as soon it appears to avoid the same.

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

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