



Oral Squamous Papilloma On Maxillary Tuberosity - A Case Report

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Abstract:

Oral squamous papillomas appear as pedunculated or sessile, white or normal coloured cauliflower like projections that arise from the mucosal surface. The most common site is the area of palate, uvula followed by tongue and lips. The etiology of oral squamous papillomas remains unknown. Conservative surgical excision is the treatment of choice with rare recurrence. There is no evidence that papillomas are premalignant. This article is a case report of oral squamous papilloma on maxillary tuberosity in an edentulous patient

Index terms : *Oral Squamous Papilloma, Maxillary Tuberosity, Pedunculated, Excisional Biopsy*

1. Introduction:

Oral squamous papillomas are commonly occurring lesions of oral mucosa which are observed as a papillary verrucous exophytic mass. It is the condition occurred due to benign proliferation of squamous epithelial cells. It is most commonly seen over tongue, soft palate and may also involve other parts of oral cavity. ^[1] It is found in recent past that (human papilloma virus) HPV 6 & 11 are associated with development of squamous papilloma. ^[2]

It is a known fact that in adults HPV is mainly transmitted through sexual contact. Squamous papillomas classically present as single pedunculated mass with numerous finger like projections at the surface. ^[3]

In this case report a lesion of approximately 1×1 cm was found on maxillary tuberosity of an edentulous patient which is a rare site of its occurrence.

Case Report:

A 70 year old edentulous male patient reported to department of oral medicine & radiology with chief complaint of small white overgrowth at the left upper back region of jaw. On clinical examination single well circumscribed exophytic growth with small finger like projections was seen on left maxillary tuberosity measuring approximately 1×1 cm and was whitish in colour.

On palpation growth was soft and non tender. Based on the above clinical presentation a provisional diagnosis of oral squamous papilloma was made with differential diagnosis of Verruca vulgaris, Verruciform xanthoma , Condyloma acuminatum.

Haematological investigations were performed which included complete blood count (CBC), Bleeding Time (BT), Clotting time (CT), Prothrombin time (PT), International Nationalized ratio (INR) and therapeutic excisional biopsy was planned. Complete excision of the lesion was done after taking written informed consent from the patient. Prophylactic antibiotic coverage was given with amoxicillin and first follow up was planned 2 days after biopsy.

After biopsy, the specimen was fixed and stained with () H&E for histopathological analysis. The histopathological examination revealed orthokeratotic stratified squamous epithelium with arcading at multiple places, connective tissue was sparse suggestive of squamous papilloma . The histopathological report was informed to the patient in the planned follow up and counseling was done regarding not to worry about the lesion as it was benign in nature and excision was the treatment recommended which was already performed.

<p style="text-align: center;">1. Profile picture</p> 	<p style="text-align: center;">2. Intraoral picture</p> 	<p style="text-align: center;">3. Intraoperative picture</p> 
<p style="text-align: center;">4. Postoperative picture</p> 	<p style="text-align: center;">5. Biopsy specimen</p> 	<p style="text-align: center;">6. Microscopic picture of the specimen</p> 

Discussion

As defined by WHO papillomas are “a range of localized hyperplastic exophytic and polypoid lesions of hyperplastic epithelium with a verrucous or cauliflower-like morphology .oral squamous papilloma appears as a verrucous or exophytic mass and are benign lesions of parakeratinized squamous epithelium .oral squamous papillomas are seen to be associated with HPV type 6 and type 11.^[4]

Papillomas are most commonly seen in age group of 30 -50 years but is also found in children below age of 10 years . Human papilloma virus belong to the papilloma virus family. This virus is known to be a common etiological factor causing

papilloma. The lesions seen in squamous papillomas have cauliflower like surface. The lesions may be single, multiple or diffused involving broad areas of oral mucosa. Papillomas can be seen on vermilion border of lips, other site on oral mucosa. Papillomas on uvula, soft palate, hard palate account for one- third of all intraoral papillomas. Isolated-solitary and multiple-recurring are the two types of papillomas. [5] Papillomas are usually white in colour but occasionally can be pink .They are usually painless. [4]

Cytology, biopsy, immunohistochemistry and molecular techniques are various investigative procedures for confirming diagnosis. [4] Histopathologic criteria for oral squamous papilloma strictly should include : (i) finger-like projection of squamous epithelium, (ii) hyperkeratosis and normal maturation process, and (iii) perinuclear cytoplasmic vacuolation as suggested by carneiro et al. [4] Microscopic examination reveals spinous cell proliferation arranged to form long thin finger-like projections that extend above the surface of the mucosa containing a thin connective tissue core which is continuous with stroma of the stalk, the body of the mass, and the surface projections. [7]

Treatment involves surgical excision of lesion with a 1mm marginal clearance at base, laser ablation. [8] Electrocautery, cryosurgery, and intralesional injections are other modalities for treating oral squamous papilloma. [5] Verruciform xanthoma, papillary hyperplasia, condyloma acuminatum are amongst the differential diagnosis of solitary oral squamous papillomas. [9] the lesions in papilloma do not usually recur except in cases of patient with HIV disease. [5]

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