



Case Report

SQUAMOUS CELL PAPILOMA:A ORAL CAVITY LESION

Dr.Sunderesh kamal Chander¹,Dr. Vanishree Murugavel², Dr.Muthuvel³, Dr.Sonti Sulochana⁴

^{1,2} Postgraduate, ^{3,4} Professor, ^{1,2,3,4} Department of Pathology, Saveetha Medical College and Hospital, Saveetha Nagar, Thandalam, Chennai 602105, Tamil Nadu, India.

How to cite: Vanishree Murugavel et al. Squamous Cell Papilloma: A Oral Cavity Lesion Int J Orofac.Biol.2022; 6: 2:21-24.DOI: <https://doi.org/10.56501/intjorofacbiol.v6i2.733>

Received :25/11/2022

Accepted:12/12/2022

Web Published: 26/12/2022

ABSTRACT

Oral Squamous Papilloma is a rare benign, hyperplastic wart-like localized proliferation, representing an exaggerated growth of normal squamous epithelium. Oral squamous papilloma accounts for 8% of all oral tumors. Most commonest site for the lesion are tongue, soft palate, and uvula. Proliferation of stratified keratinized squamous epithelium, arranged in finger-like projections with fibrovascular connective tissue cores, stroma of numerous anastomosing projections and scattered chronic inflammatory cells was present. The koilocytes are clear epithelial cells with small pyknotic nuclei. Benign squamous papilloma is associated with low risk types of HPV 6 and 11 affecting patients of all ages, but more often diagnosed from the second to fourth decade of life. Best management is surgical excision, either routine excision or laser ablation can be used.

Keywords: Squamous cells papilloma, human papilloma virus, benign tumors, palate

Address for Correspondence:

Name: Dr.Vanishree Murugavel,

Postgraduate, Department of Pathology, Saveetha Medical College and Hospital, Saveetha Nagar, Thandalam, Chennai 602105, Tamil Nadu, India.

Email: vanishree.murugavel06@gmail.com

Contact: +91-9080527899

Introduction

Most squamous papillomas in the mouth are associated with human papillomavirus (HPV) infection. Oral Squamous Papilloma is a rare benign, hyperplastic wart-like localized proliferation, representing an exaggerated growth of normal squamous epithelium. Oral squamous papilloma accounts for 8% of all oral tumors (1). Most commonest site for the lesion are tongue, soft palate, and uvula. (2). These lesion are not associated with an increased risk of developing cancer but can occur in very rare condition.

Case Report

A 19 year old female presented with a chief complaint to otorhinolaryngology department with painless, cauliflower-shaped pedunculated pinkish white lesion measures 1.5×1 cm in dorsal surface of the tongue which was insidious onset. Excision of lesion was done with 1.0mm margins of normal tissue in order to prevent recurrence. On histopathological examination showed Proliferation of stratified keratinized squamous epithelium, arranged in finger-like projections with fibrovascular connective tissue cores, stroma of numerous anastomosing projections and scattered chronic inflammatory cells was present. No evident of malignancy or dysplasia was present (Fig 1 & 2). The koilocytes are clear epithelial cells with small pyknotic nuclei (Fig 3). The final diagnosis was established as an oral squamous papilloma.

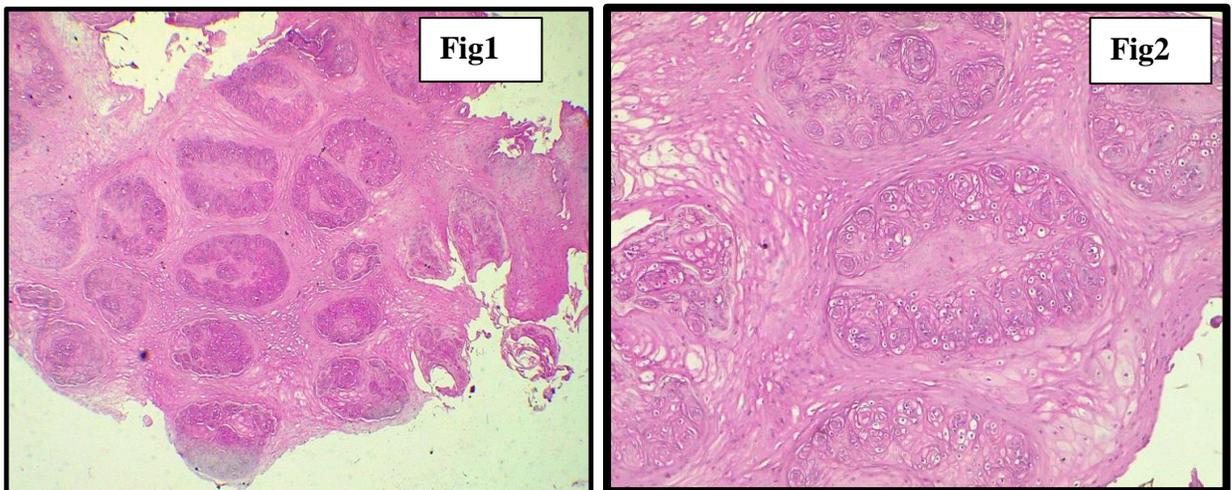


Figure 1 and 2: Histopathological sections (4x and 10x) showing Proliferation of stratified keratinized squamous epithelium, arranged in finger-like projections with fibrovascular connective tissue cores, stroma of numerous anastomosing projections and scattered chronic inflammatory cells.

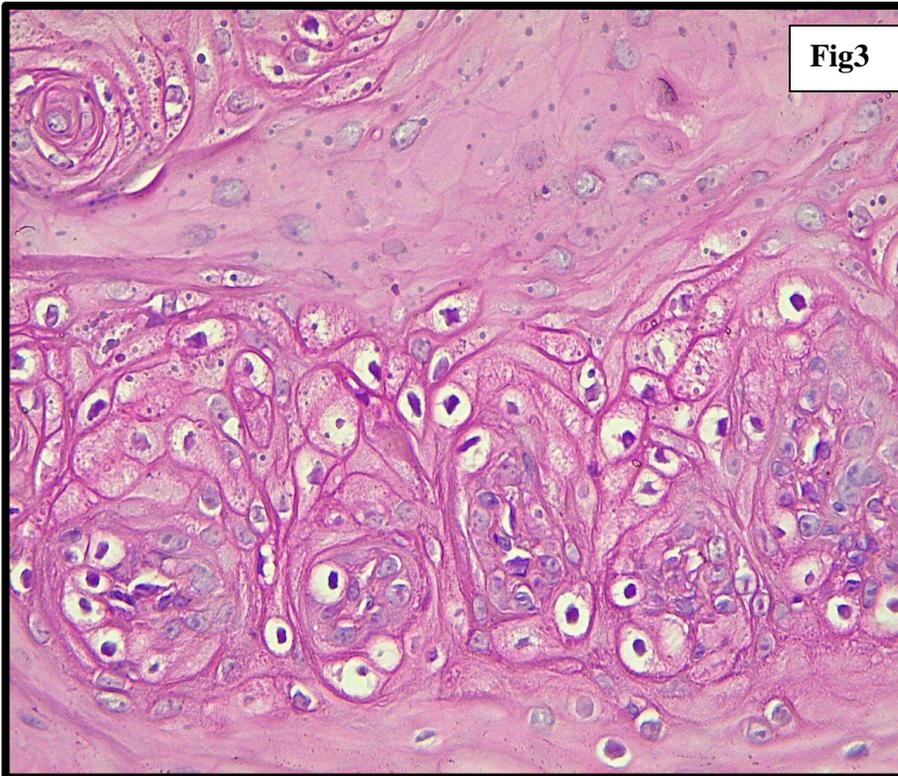


Figure 3: Histopathological section (40x) showing the koilocytic changes of epithelial cells , clear cells with small pyknotic nuclei.

Discussion

Squamous cell papilloma in the oral cavity is characterized by finger like projections originating from a central fibrovascular stalk(1, 3). The projections are covered by multiple layers of squamous epithelium, which is often heavily keratinized. Squamous cell papilloma occurs most frequently on the dorsum of the tongue. Because of the papillary nature of the lesion, clusters of epithelial cells may appear in the stalk as the result of tangential sectioning. These islands of cells are surrounded by a basement membrane and are not an indication of malignant change (4). Squamous cell hyperplasia, papilloma, and squamous cell carcinoma of the oral cavity appear to form a continuum. Papillomas are generally larger than hyperplastic lesions but still show orderly cell maturation.

Benign squamous papilloma is associated with low risk types of HPV 6 and 11 affecting patients of all ages, but more often diagnosed from the second to fourth decade of life(5). Best management is surgical excision, either routine excision or laser ablation can be used. Papillomas found on the nasal or throat regions although sharing the same clinical features and histology as oral papillomas, differ in that usually more than one lesion is present, they proliferate continuously over time and often recur. In some cases, papillomas in the throat region may proliferate so much that they cause life-threatening. Differential diagnosis includes verruciform xanthoma, papillary hyperplasia, and condyloma acuminatum , tuberous sclerosis and focal dermal hypoplasia(6).

Conclusion:

Squamous papillary lesions are rare in young age group, but must be diagnosed appropriately. Early detection of these lesions both clinically and histopathologically is important as they are associated with oral cancers and dysplasias. Because malignant transformation rate ranges from 4.5%-6%.

Conflict of Interest

There is no conflict of interest.

Financial support and sponsorship

Nil

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published.

References

1. Rajendran R, Sivapathasundaram B (2009) Benign and malignant tumors of oral cavity. Shafer's textbook of Oral Pathology, 6th Edn, Elsevier, Noida, New Delhi, India.
2. Sathesh Kumar K, Premalal KR, Sivaramakrishnan M, Aroumougam A (2017) Oral Squamous Papilloma. Journal of Scientific Dentistry 7(1): 46-49.
3. Bao Z, Yang X, Shi L, Feng J, Liu W, et al. (2012) Clinicopathologic features of oral squamous papilloma and papillary squamous cell carcinoma: a study of 197 patients from eastern China. Ann Diagn Pathol 16(6): 454-458.
4. Marx RE, Stern D (2003) Oral and Maxillofacial Pathology: A Rationale for Treatment. Quintessence Publishing, Hanover Park, Illinois, USA.
5. Jaju PP, Suvarna PV, Desai RS. Squamous papilloma: case report and review of literature. International journal of oral science. 2010 Dec;2(4):222-5.
6. Carneiro TE, Marinho SA, Verli FD, Mesquita AT, Lima NL, Miranda JL. Oral squamous papilloma: clinical, histologic and immunohistochemical analyses. Journal of oral science. 2009;51(3):367-72.



Published by MM Publishers
<https://www.mmpubl.com/ijofbio>

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-Noncommercial 4.0 International License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nc/4.0/> or send a letter to Creative Commons, PO Box 1866, Mountain View, CA 94042, USA.

Copyright©2022 Sunderesh kamal Chander, Vanishree Murugavel, Muthuvel, Sonti Sulochana