



ORAL SQUAMOUS PAPILLOMA ON TONGUE : A CASE REPORT

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ABSTRACT

Human papillomavirus (HPV) is the most common virus involved in sexually transmitted disease. It is one of etiology in a variety of skin and mucosal disease. Squamous papilloma is the most common benign epithelial tumor in the oral cavity. It can occur at any age but mostly seen in third to fifth decades and it associated with HPV type 6 and 11 in approximately 50% cases. Gross description of the lesion can be like papillary (cauliflower-like), exophytic, and tan-white lesion. A 50-year old male with chief complaint of white cauliflower-like lesion on left side of his tongue. The lesion was a cauliflower-like white papule with a verrucous surface. Fully cauterized with an electrocauter. One week after the treatment patient came with great wound healing and no sign of new lesion appear. This case report discuss about unique presentation of oral squamous papilloma, the main purpose is to help other clinicians to diagnose clinically even without advance tool. We encounter with the patient at outpatient clinic, the patient already been informed about the study and agreed that his case to be used in this study. One of most common benign epithelial tumour of oral mucosa is squamous papilloma. Defined as exophytic proliferation with finger-like projections. It is usually asymptomatic and detected through clinical examination by clinicians. The color depends on the degree of keratinization, there are variety of the color including red, pink, or white. The most common site for oral squamous papilloma is tongue, soft palate/uvula, lips, gingiva, also may occur in oropharynx and larynx. The option for treatment in oral squamous papilloma is surgical excision. Oral squamous papilloma is a benign lesion of the oral cavity. It is presented as exophytic masses arising in the oral cavity and usually asymptomatic. Even though it is asymptomatic, early detection and management is important to prevent further growth.

Keywords: human papilloma virus; oral squamous papilloma; tongue

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INTRODUCTION

Human papillomavirus (HPV) is the most common virus involved in sexually transmitted disease. It is one of etiology in a variety of skin and mucosal disease. Now scientist have identified hundreds genotypes of HPV in humans (Sewon Kang, Masayuki Amagai, Anna L. Bruckner, Alexander H. Enk, David J. Margolis, Amy J. McMichael, 2019). HPV-related lesions of the oral cavity include squamous papilloma, condyloma acuminata, verruca vulgaris, etc. Although strongly correlated HPV, detection rate vary with multiple factors such as location of lesion and testing method (Hu et al., 2023). Squamous papilloma is the most common benign epithelial tumor in the oral cavity, it can occur at any age but mostly seen in third to fifth decades and it associated with HPV type 6 and 11 in approximately 50% cases (Betz, 2019). Gross description of the lesion can be like papillary (cauliflower-like), exophytic, and tan-white lesion (Stojanov IJ, 2026).

This case discuss about squamous papilloma of oral on the tongue of a 43 years old male that have a unique shape, size, and color. Also the importance of clinical diagnosis, laboratory limitation and treatment. Its importance lies in demonstrating that characteristic clinical features, such as a white cauliflower-like exophytic lesion, can facilitate accurate diagnosis even in settings with limited access to advanced diagnostic tools. Additionally, the favorable outcome following electrocautery

emphasizes the effectiveness of early recognition and treatment in preventing lesion progression and recurrence. This case report discuss about unique presentation of oral squamous papilloma, the main purpose is to help other clinicians to diagnose clinically even without advance tool.

METHOD

We encounter with the patient at outpatient clinic, the patient already been informed about the study and agreed that his case to be used in this study.

RESULT

Case Presentation

A 50-year old male presented to dermatology clinic with chief complaint of white cauliflower-like lesion on left side of his tongue. At first it appears as a small erythematous blister, two months after it grows rapidly. There is no pain and only a little itchy when he had spicy food, it bleed sometimes when he brushed his teeth or rubbed his tongue against his palate. The lesion was a cauliflower-like white papule with a verrucous surface. It measured 2 by 2 millimeters. It felt soft on palpation and immobile fixed base. Slight erythema on the base around the lesion. There were no other lesions in the oral cavity or extra-oral.



Fig 1. The lesion before cauterized



Fig 2. The lesion after cauterized

The patient had history of routine smoking and alcohol consumption for over several years since he was 15 years old. He work as a inter-island driver and often away from his wife. He visited doctor when the lesion appeared in two weeks, he was given methylprednisolon and amoxicilin but it is not getting better. STDs examination shows there is no HIV or syphilis. Under local anesthesia using injection of lidocaine 2%, the lesion was fully cauterized with a electrocauter. Histopathological examination cannot be done because there is no facility for it. After, the wound is applied with povidone iodine and the patient given cefadroxyl 500 mg twice a day for five days. One week after the treatment patient came with great wound healing and no sign of new lesion appear.

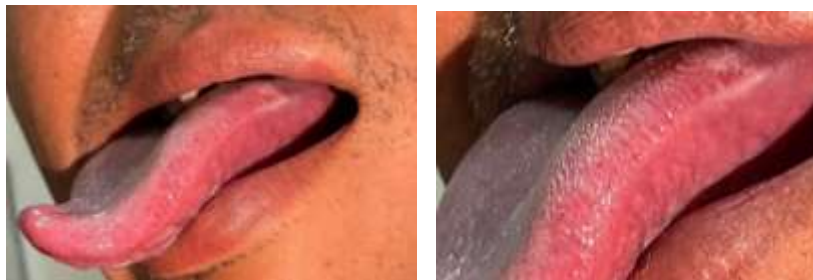


Fig 3 One week after cauterized

DISCUSSION

The case presented here reviewed the clinical appearance of a squamous papilloma lesion on the tongue of an adult male and discussed how it was managed. One of most common benign epithelial tumour of oral mucosa is squamous papilloma. Defined as exophytic proliferation with finger-like projections (Martín et al., 2018). It is usually asymptomatic and detected through clinical examination by clinicians. The color depends on the degree of keratinization, there are variety of the color including red, pink, or white. Whiter color means higher the keratinization degree (Martín et al., 2018). The most common site for oral squamous papilloma is tongue, soft palate/uvula, lips, gingiva, also may occur in oropharynx and larynx.

In this case, the clinical appearance showed a sessile leukoplakic white papule lesion with pedunculated, finger-like projections resembling oral squamous papilloma. No histopathologic or viral genetic typing was done because limitations of the facility and funding. Based on the history of the patient, we suggest the cause of the lesion was human papilloma virus (HPV). The patient himself had major risk factor for sexually transmitted disease which is working as a driver and always long way from home and his wife. But some studies have not been able to correlate the practice of oral sex and HPV infection, suggesting also that they had other non-sexual transmission mechanisms. The HPV is implicated as the etiological agent which can be transferred sexually, mouth to mouth, and vertically from an infected mother during delivery. Even though more than 120 different HPV types have been described on the basis of isolation and sequencing of full genomes, mucosal sites are infected by alpha papillomavirus consisting of 15 species (Nair et al., 2021).

HPV are characterized by a tendency for squamous epithelial cells and keratinocytes. The keratinocytes differentiation are related to the synthesis of viral DNA and expression of viral genes. The viral life cycle begins when the virus enters through microlesion to the basal layer and attached to the surface receptors of the basal layer which is integrin 6, heparin sulfate, and CD69 (Ramasamy et al., 2019). After, the infected cells migrate to the suprabasal zone and begin to differentiate by activating a transcriptional cascade coordinated with the viral genome. The most common differential diagnosis is condyloma, the other clinical and histologic differential diagnosis includes verruca vulgaris, giant cell fibroma, and papillary squamous cell carcinoma (Babaji et al., 2014).

The option for treatment in oral squamous papilloma is surgical excision. One of the effective and safe type of excision is cryotherapy. Less bleeding, minimum need for anesthesia, and the postoperative period is more convinient (Tebcherany et al., 2022). In this case, the only available treatment is electrocauter, because the setup of the treatment is in clinic, electrocauter is more preferred than surgical excision. There is vaccine for HPV, one of vaccine include protection against HPV 6, 11 which are the primary cause for anogenital warts and HPV 16 and 18 which cause 70% cases of carcinoma of the uterine cervix. In a study by Frigerio comprising 197 patients over a 16-year period, there is 2% recurrence rate, but in patients with human immunodeficiency virus (HIV), the recurrence may be higher (Alramadhan et al., 2022).

CONCLUSION

Oral squamous papilloma is a benign lesion of the oral cavity. It is presented as exophytic masses arising in the oral cavity and usually asymptomatic. Even though it is asymptomatic, early detection and management is important to prevent further growth. Diagnosis is essentially based on clinical characteristics but histopathologic confirmation is recommended. This report contributes to clinical awareness and may assist healthcare professionals in the timely identification and management of similar cases.

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