



Oral Squamous Papilloma: Importance of Early Intervention – A Case Report

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ABSTRACT: Oral squamous papilloma is usually a benign papilloma that arises from stratified squamous epithelium. It appears as a cauliflower like lesion, either pedunculated or sessile, accounting for 3-4% of all biopsied oral soft tissue lesions. It can occur at any age and is commonly found on the tongue, lips, buccal mucosa, and palate. The present report is a case of oral squamous papilloma in an 8-year-old female patient, which was managed by surgical excision at an early stage.

Introduction

Oral squamous papillomas (OSP) are common lesions of the oral mucosa of squamous epithelial origin presenting as a papillary or verrucous exophytic mass.¹ It is the 4th most common benign epithelial lesion associated with human papilloma virus (HPV) types 6 and 11. Four of every 1000 individuals develop Squamous papilloma and accounts for 3-4% of all biopsied oral soft tissue lesions.² The World Health Organization defines papilloma as “a range of localized hyperplastic exophytic and polypoid lesions of hyperplastic epithelium with a verrucous or cauliflower-like morphology.”³

Squamous papillomas are reported frequently in children but it may affect any age group; 7 to 8% of all oral masses or growths in children comprise oral squamous papilloma.³ The etiology of oral squamous papilloma is unknown but it has been associated with HPV 6, 11 and trauma. HPV has been found to have the ability to invade the nuclei of cells in the spinous layer resulting in proliferative tissue growth.¹ Mode of

transmission for children has been reported as ingestion of viral particles of infected cells from the birth canal, whereas in adults through sexual contact.¹

Any age can be affected. There is no sex preference. The sites of predilection for localization of the lesions include the tongue or soft palate, but any surface of the oral cavity can be affected. Of all sites, the soft palate is the most common and accounted for 20% of the lesions.⁴

Case report

An 8 year old female patient reported to the department with the chief complaint of a small soft tissue mass on the mucosa distal to 36 since a week. History revealed that it was a painless growth, not interfering with occlusion or while eating. No relevant family history was noted. General and extra oral examination of the patient did not reveal any significant findings. Intraoral clinical examination revealed a small growth on the mucosa just distal to lower left permanent molar. The lesion was a pale, whitish pink coloured, sessile growth with finger-like projections (Figure 1).



Figure 1: a,b, c shows Cauliflower like growth distal to 36

It was approximately 2*2 mm in size and not associated with bleeding. Based on these clinical features, the growth was provisionally diagnosed as papilloma. Surgical excision of the growth was done with a 1 mm margin to the depth of submucosa under local anesthesia (Figure 2 &3). After excisional biopsy, specimen was stored in formalin (Figure 4).



Figure 2: Surgical site after excision

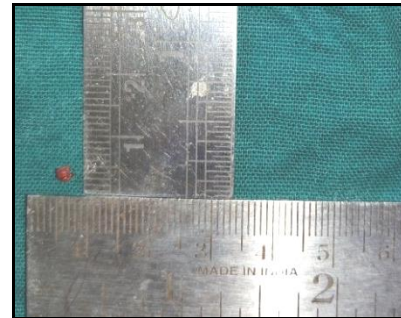


Figure 3: Excised mass



Figure 4: Excised mass stored in formalin

Later the lesion was fixed and stained with hematoxylin and eosin for histological analysis. Histological examination revealed papillary projections of hyperplastic parakeratinized stratified squamous epithelium with numerous connective tissue cores (Figure 5). Histological features are suggestive of SP.

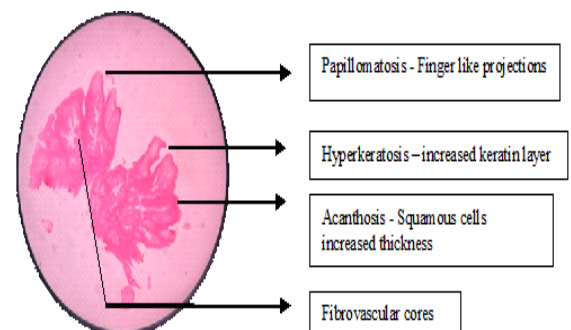


Figure 5: Histopathology – Squamous papilloma with papillary projections

Patient was recalled and evaluated after 10 days, where uneventful healing of the site was noted (Figure 6).



Figure 6: Post operative follow-up

Discussion

Squamous papilloma is usually a benign papilloma that arises from stratified squamous epithelium. They appear as a cauliflower like lesion either pedunculated or sessile. They can appear as isolated solitary or multiple recurring lesions. This lesion was first described by Tomes as gingival “wart” in 1848.⁵

Etiology of HPV in children is controversial, however, various mechanisms have been proposed. In children younger than 1 year of age with papilloma lesions, maternal–fetal or maternal–neonatal HPV transmission has been implicated.

It may also result from hematogenous spread from a recent infection or reactivation of a latent infection in the mother. In older children, transmission may be attributed to either auto (autoinoculation by hand to genital area and genital area to hand or mouth, non-sexual contact or perinatal transmission) or heteroinoculation.¹

Clinically, the differential diagnosis of solitary oral squamous cell papilloma includes verruca vulgaris, condyloma acuminatum, verruciform xanthoma, verrucous carcinoma, physiologic papillae and papillary inflammatory hyperplasia.⁶ A complete surgical excision including a rim of normal tissue is the treatment of choice. Electrocautery, cryosurgery, intralesional injections of interferon or laser ablation are other suggested treatment methods.⁷ These methods have advantages like minimum bleeding, less need for anesthesia, faster postoperative period and less trauma compared to conventional surgery. The recurrence rate is very low for the solitary type compared with multiple lesions.⁸

Conclusion

Living with an oral squamous papilloma can be unsettling, especially when it affects eating, speaking, or self-confidence. While rare, there's a small risk of malignant transformation, emphasizing the importance of early detection and treatment. By understanding the potential complications and taking proactive steps, we can alleviate anxiety and ensure the best possible outcomes. Remember, prompt diagnosis and treatment can make all the difference.

Here are the key points to remember about oral squamous papilloma:

1. Benign lesion: Generally non-cancerous, but can cause discomfort.
2. HPV association: Linked to human papillomavirus (HPV) types 6 and 11.
3. Risk of malignant transformation: Small risk of developing into squamous cell carcinoma.
4. Symptoms: Painless growth, discomfort while eating or speaking.
5. Treatment: Surgical excision is the primary treatment.
6. Prevention: HPV vaccination may prevent development of oral squamous papilloma.

Declaration of patient consent

The authors confirm that they have obtained patient consent. In the form, the patient is given permission to publish his/her/their photos and other medical information in the journal. Patients understand that their names and records will not be published and every effort will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.



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