

Oral Squamous Papilloma: A Case Report

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Received: July 09, 2020

Published: September 23, 2020

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Abstract

Oral squamous papilloma is a benign proliferation of the stratified squamous epithelium, which results in a papillary or verrucous exophytic mass induced by human papilloma virus (HPV). Most of the oral mucosal lesions are often asymptomatic and have less progression. Tongue, soft palate, and uvula are common sites for occurrence. Surgical excision of the lesion was done and was sent for histopathological analyses that confirmed the diagnosis.

Keywords: Squamous Papilloma; Human Papillomavirus

Introduction

Oral squamous papilloma is a benign proliferation of the stratified squamous epithelium, which results in a papillary or verrucous exophytic mass induced by human papilloma virus (HPV). Most of the oral mucosal lesions are often asymptomatic and have less progression. Tongue, soft palate and uvula are common sites of occurrence. Here we present a case report of squamous papilloma in palatal aspect of maxillary premolars.

Case Report

A 23-year-old male patient reported to the Department of Periodontology of Rajarajeswari Dental College and Hospital, Bangalore with a chief complaint of growth on the palate for three months. The growth was first seen three months back as a non-tender, slow growing papule. The lesion was exophytic and sessile in nature, pinkish in colour, soft in consistency, 3 cm × 3 cm in size, and situated on palatal aspect of maxillary premolars. Past medical, dental and personal history was satisfactory. Surgical excision of the lesion was performed including 1 mm of normal tissue. The histopathological diagnosis of squamous papilloma was made at

10 × magnification under H & E staining. A two week follow up was performed.



Figure 1: Pre-operative view.



Figure 2: Surgical excision.



Figure 3: Post-operative view.

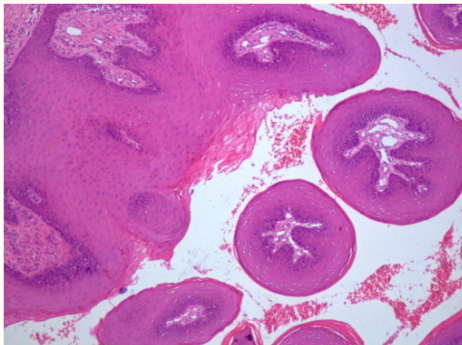


Figure 4: Histological section of the lesion.

Discussion

Oral Squamous papillomas are benign exophytic lesions presenting as papillary or verruciform proliferation. This lesion was first described by Tomes as gingival “wart” in 1848. The lesions are softened/flaccid in 66.7% of cases and pedunculated in 75% of the lesions. The etiology of papilloma is unknown, it is most commonly associated with HPV 6, 11 and 16. Squamous papillomas are traditionally divided into two types: isolated-solitary and multiple-recurring. The isolated-solitary type of squamous papilloma is common in adults, the clinical presentation of squamous papilloma was similar to isolated-solitary type in this patient. The differential diagnosis of solitary type of oral squamous papilloma includes verruciform xanthoma and papillary hyperplasia. The microscopic appearance shows epithelium in multiple papillary projections. Epithelium is hyperkeratinized stratified squamous. It has thin connective tissue core.

In a study conducted by Carneiro, *et al.* koilocytes were demonstrated in 100% of the oral Squamous Papilloma. Even though Squamous Papilloma is a HPV-induced lesion, its infectivity is less pronounced. Malignant transformation of papillomas are seen in areas of larynx and trachea. Treatment of choice for Squamous Papilloma is surgical excision. Other treatment methods include electrocautery, cryosurgery, and intralesional injections of interferon. Recurrence is rare, except for the lesions infected with human immunodeficiency virus (HIV) [1-5].

Conclusion

Oral squamous papilloma is a benign proliferating lesion which is characterized by painless growth. Its pathogenesis is related to human papilloma virus. Early diagnosis and excision should be performed to avoid complications.

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