

## Case Report

# Oral Squamous Papilloma of the Palate: A Case Report

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### ABSTRACT

Oral squamous papilloma is a benign neoplasm of unknown origin arises from the surface of stratified squamous epithelium. It may be caused by papilloma virus. It usually occurs in 3<sup>rd</sup> and 5<sup>th</sup> decade of life. The most common involved site is tongue and palate, and may occur on any other surface of the oral cavity such as the uvula and vermillion of the lip. It is typically an exophytic lesion with a cauliflower like surface or with finger like projections. Here, we are presenting a case of squamous papilloma on the palate.

### Introduction

Oral squamous papilloma's (OSP) are a benign proliferation of the stratified squamous epithelium resulting in a papillary or verrucous growth. These are common lesions of the oral mucosa.<sup>1</sup> These lesions usually occur between the age of 30 and 50 years, but sometimes can occur before the age of 10 years.<sup>2</sup> The most common involved site are tongue and palate, but any surface of the oral cavity can be affected. The squamous papilloma is associated with human papilloma virus (HPV) type 6 and 11.<sup>1</sup> Because of its clinical appearance, these lesions raises concern as it may mimic exophytic carcinoma, verrucous carcinoma or condyloma acuminatum. However, these lesions are often asymptomatic and show benign character in pathological examinations.<sup>3</sup> The treatment of choice is surgery which can be done by either routine excision or laser ablation but other treatment modalities can also be used like electrocautery, cryosurgery and intralesional injections of interferon.<sup>2</sup>

### Case report:

A 51-year-old male reported to our department with chief complaint of growth on right side of palate since one month. The patient noticed the growth around one month back. There was no history of pain, paraesthesia or numbness associated with the growth and no similar lesions were present elsewhere. Family history was not significant. There was no positive medical or dental history. Lymph nodes were not palpable. Intraoral examination revealed the presence of a solitary, well-defined, oval-shaped exophytic growth on the right side of the palate measuring approximately 1 x 1 cm in size not crossing the midline [Figure 1]. The growth was whitish in color with a cauliflower-like appearance, firm in consistency, and non-tender on palpation. Provisional diagnosis was given as papilloma.



Figure 1: Intraoral photograph showing single sessile growth with papillary projections on the right side of the palate measuring approximately 1x1 cm and not crossing the midline



Figure 2: Histopathological Appearance of Oral Squamous Papilloma



Figure 3: Follow-up photograph showing complete healing

Routine blood investigations were carried out and were within normal range. The lesion was surgically excised without any post-operative complication. The excised lesion was sent for histopathological evaluation, which confirmed the squamous papilloma. Histopathological report revealed parakeratinized stratified squamous epithelium arranged in fingerlike

proliferations with an abundance of keratin and parakeratinized plugging [Figure 2]. Patient follow up was done with no evidence of recurrence [Figure 3].

#### Discussion:

Oral squamous papilloma is a generic term including papillary and verrucous growths which are composed of benign epithelium and minor amounts of supporting connective tissue.<sup>4</sup> Human papilloma virus (HPV) type 6 and 11 is associated with papilloma.<sup>5</sup> It usually occurs between 30 and 50 years of age but sometimes can occur before the age of 10 years.<sup>6</sup> Most commonly occurs on the palate, but may also affect uvula, tongue, lips and gingiva.<sup>1</sup> In our case, the lesion was seen on posterior region of palate. These lesions generally measure less than 1 cm and appear as pink to white exophytic granular or cauliflower-like surface alterations and may be pedunculated or sessile in the configuration. The lesions are generally asymptomatic, as seen in the present case.<sup>6</sup>

Squamous papilloma's are divided into two types: Isolated-solitary and multiple-recurring. The isolated-solitary occurs in adult's oral cavity as seen in the present case while the multiple-recurring is mostly found in a child's laryngotracheobronchial complex. The isolated-solitary lesions are exophytic, pedunculated or sessile growths that resemble a cauliflower in appearance as in our case. They are usually white, but can occasionally be pink. Patients who are infected with human immunodeficiency virus (HIV) have multiple oral lesions. In the multiple-recurring type, malignant transformation is more common.<sup>4</sup>

Histopathologically, many long, thin and finger-like projections are seen extending above the mucosal surface in these lesions. Each finger-like projection is

lined by stratified squamous epithelium and connective tissue in the centre. Koilocytes-HPV altered cells may or may not be observed. Chronic inflammatory cells are also seen.<sup>2</sup>

The differential diagnosis of oral squamous papilloma includes verruciform xanthoma and condyloma acuminatum. Verruciform xanthoma occurs on gingiva and alveolar ridge, while condyloma usually appear pink to red in color with broader base and are larger than papilloma.<sup>2</sup> The treatment of choice is surgery, but other treatment modalities can also be used like laser ablation, electrocautery, intralesional injections of interferon, cold-steel excision, and cryosurgery. Recurrence of squamous papilloma is uncommon except for lesions in patients infected with HIV.<sup>6</sup>

**Conclusion:**

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

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