INTRODUCTION

Human papilloma virus (HPV) is a common inhabitant of oral cavity. Most common are genital types (HPV 6, 11, 16), cutaneous types (HPV 2, 57), in immunocompromised persons (HPV 7) and HPV 32 for hechk’s disease. HPV types 18, 16, 31, 33 and 45 are thought to confer a high rate of malignant transformation. Oral verruca vulgaris (OVV) is a viral papilloma, and are common on the skin than in the oral cavity. Oral lesions are rare and benign, and they are usually caused by auto inoculation from lesions on the fingers and hands. HPV may, but does not necessarily produce clinical oral lesions until patient has some co-existing morbidity. The actual role of the virus in the etiogenesis of these lesions is still unclear.

The common wart or verruca vulgaris are lesions of childhood. On the oral mucosa, the warts are usually sessile, circularly circumscribed, firm exophytic lesion, verrucous and white; solitary or multiple; has acroform, acro-papilloform and cryptiform surface producing conspicuous hyperkeratosis, and elevated with discrete borders. OVV and proliferative verrucous hyperplasia produce irreversible oral mucosal changes that have the propensity to progress to either verruca carcinoma or oral squamous cell carcinoma (OSCC). Even hybrid neoplasms comprising of OVV and OSCC can coexist in 17% cases. Surgery, cryotherapy or no treatment are the options. Prognosis is excellent after surgical excision. Radiotherapy is indicated in patients with advanced disease or those unfit for surgery. This case report deals with a patient with a history of histopathologically diagnosed OVV of lip. Now, on presentation, the lesion has expanded in size, became indurated involving entire lower lip, labial sulcus, alveolar ridge and floor of the mouth. Biopsy was taken again and found to be as well differentiated OSCC histopathologically.
CASE REPORT

A 60 years old female patient reported to the oral and maxillofacial surgery department of Khyber College of Dentistry, Peshawar with the chief complaint of severe pain and burning sensation associated with an outgrowth in lower lip, anterior edentulous ridge and floor of mouth for the last 4 years. The patient also complained of increased discomfort during eating. Extra-oral examination showed a white, localized, firm, tender, non-fluctuant swelling on lower lip 5 x 6 cm in size. Intraoral examination revealed whitish pink, diffuse, poorly defined, firm, and tender exophytic growth of 4 x 5 cm and extending from lower lip, anterior edentulous alveolar ridge to the floor of the mouth (Fig 1). It was of progressive nature and has sessile base. Patient was chronic user of snuff dipping at various locations of oral cavity for a long period of time. Biopsy was taken 6 month back. Histopathologically, hematoxyline and eosin stained sections revealed a lesion composed of acanthotic, hyperkeratotic squamous cells. The squamous cells showed dyskeratosis and were arranged in groups pressing the underlying fibrous tissue. Over all features were suggestive of oral verruca vulgaris. Patient was using medication for symptomatic relief like steroids, pain killers and topical agents and had extractions of all anterior teeth to reduce the traumatic effect on the lip. It didn’t regress in size. Patient was carrying the habit of snuff dipping throughout this period. As patient reported back after 6 months the lesion was giving the picture of dysplastic changes. The patient could not wear the denture due to the discomfort from the lesion. Routine blood tests like blood sugar, serum alkaline phosphatase, calcium and phosphorus levels were within normal limits. Differential diagnosis was to be established for oral squamous cell carcinoma, verrucous carcinoma, condyloma acuminate, squamous papilloma and OVV. Incisional biopsy was taken again. It was diagnosed as well differentiated OSCC histopathologically. The size and induration of the lesion did not prefer surgery, so the patient was referred to IRNUM, Peshawar for radiotherapy. The patient was also scheduled for proper follow up monthly.

DISCUSSION

Verruca vulgaris of the oral mucosa is typically a childhood problem, but occasionally lesion may arise even in middle ages. Age ranges from 5 to 37 years with a mean of 14.5 years. The report describes a case of histologically diagnosed OVV in a patient of 60 years age with no coexisting disease. Previous reports showed that 50% of cases were located intraorally on the hard palate, followed by the commissures, vermilion border, labial mucosa and anterior tongue. This patient also had initially oral involvement of lower lip which was extended to labial mucosa, anterior edentulous alveolar ridge and floor of mouth. The typical lesion of OVV may be identical to a squamous papilloma, but it tends to have pointed or verruciform surface projections, have a very narrow stalk, are white due to considerable surface keratin, and present as multiple or clustered individual lesions. The lesion in the present case
had increased in size to 5 cm during the last 4 years and had extended to alveolus and floor of mouth.

CONCLUSION

Oral Verruca Vulgaris is a lesion of viral origin. It occurs in young children and manifests commonly in skin than in oral cavity. Oral lesion needs to be diagnosed histopathologically. There is a potential for dysplasia in viral papilloma patients with some co-existing morbidity.

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REFERENCES