Case Report

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Verruca Vulgaris of Lateral Border of Tongue: A Very Rare Case Report

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ABSTRACT

Background: Epidermal proliferations which are benign in nature have been recognized thousands of years before and have been named warts or Verruca. Verruca vulgaris or common wart or viral wart which is a virus induced neoplasm of the skin is caused by human papilloma virus infection. The commonly affected sites are hands, feet or face but verruca involving the tongue has rarely been reported in the literature. In this report a very rare occurrence of verruca vulgaris on the lateral border of the tongue is presented. The lesion was totally enucleated. There was no recurrence observed after 12 months follow up.

Keywords: Epidermal, verruca, vulgaris, tongue, papilloma, virus.

INTRODUCTION

Epidermal proliferations which are benign in nature have been recognized thousands of years before and have been named warts or Verrucae. In 1907 Ciuffo explained the transmission of warts through a sterile and cell free filtrate of wart tissue. This led to the suggestion that warts had a viral etiology and therefore was regarded as infectious (1). Verruca vulgaris or common wart or viral wart which is a virus induced neoplasm of the skin is caused by human papilloma virus infection. The commonly affected sites are hands, feet or face but verruca involving the tongue has rarely been reported in the literature. (2-3). Oral manifestation of Human papilloma virus infections was first demonstrated in animals around 70 years ago (4). Verruca vulgaris or common warts occasionally affect the oral mucosa and appears as a firm, whitish, sessile and circumscribed exophytic lesions. It also shows a conspicuous hyper keratinization of the superficial epithelium with elongation of the rete ridges. The aim of this report is to present a rare case of verruca vulgaris on the lateral border of the tongue of a patient.

CASE REPORT

A 22-year-old female patient reported to the Department of Periodontics with complaint of multiple white finger like projections on the left lateral border of the tongue for 6 months and slightly progressing in size (Fig.1). There was no pain or pus discharge. Similar lesions were not present anywhere else on the body. On examination there were multiple, non-tender and white finger like projections measuring around 2-3 cms on the left lateral border of the tongue. There were no other associated symptoms. After routine investigations patient was taken up for surgery on a day care basis. Under local anesthesia the lesion was excised using a wide excision from the left lateral border of the tongue and the wound was secured with 3-0 black silk. Complete homeostasis was achieved with pressure packs and the specimen was sent for histopathology examination. Antibiotics and analgesics were prescribed and patient was discharged. The sutures were removed after a week. Histopathology report was suggestive

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of verruca vulgaris. After 12 months there was not any recurrence in the operated region (Fig.3).

Fig 1: Lesion on the lateral border of tongue.

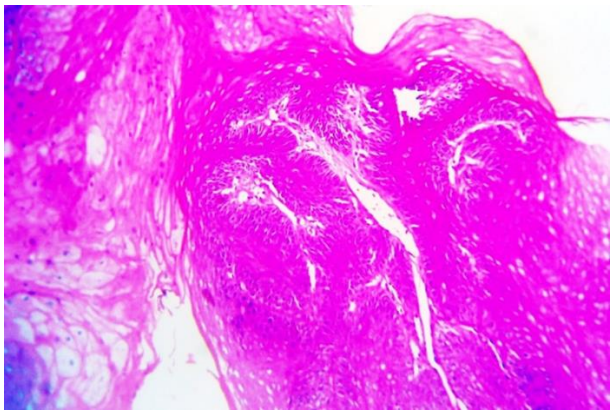

Fig 3: Histopathological view of the lesion.

Fig 3: Post-operative view of the lesion.

HISTOPATHOLOGY

The section showed a covering by keratinized stratified squamous epithelium arranged in finger like or pointed projections with a connective tissue core. It also displayed hyperkeratosis, acanthosis, papillomatosis and koilocytosis. The granular cell layer was prominent (hyper granulosis) and showed coarse keratohyalin granules. There were scattered chronic inflammatory cell infiltrate in the papillary dermis (Fig.2). Based on these findings it was diagnosed as Verruca vulgaris.

DISCUSSION

Verruca vulgaris or benign viral wart accounts only for a small percentage of the oral papillomatous lesions. The presences of koliocytes are characteristic features of a papilloma virus infection, and they were found in almost 89% of the oral Verruca lesions that were examined. Children are most commonly affected but occasionally Verruca vulgaris lesions may arise even into the middle age. The skin of the hands is usually the site of infection (5).

Intra orally the lesions are commonly found on the vermilion border of the lips or in the labial mucosa or even in the tongue. It usually occurs as a painless papule or nodule with papillary projections. At times it may appear with a rough pebbly surface and may be pedunculated or sessile. Within a few months it enlarges to its maximum size and thereafter unless the lesion is irritated it does not increase in size. Occasionally due to extreme accumulation of compact keratin it may result in a hard surface projection giving rise to a cutaneous horn. Various benign HPV-associated oral lesions like Focal epithelial hyperplasia (Heck disease), Condyloma acuminatum, Squamous cell papilloma and Verruca vulgaris are generally referred to as common oral warts and should be considered in the differential diagnosis of Verruca vulgaris. Condyloma acuminatum which is caused by HPV types 6 and 116, 11, 12 have been found to be associated with majority of cases of warts of the tongue and oral cavity reported in literature. Whereas oral lesions especially of the lateral border of the tongue caused by Verruca vulgaris as reported in the case of our patient is very rare (6). Condylomata acuminatum histologically shows parakeratotic stratified squamous epithelium with a lymphocytic infiltrate in the sub epithelial tissues. But Verruca vulgaris shows papillomatosis, alternating hyperkeratosis and parakeratosis with long epithelial ridges at the margin of the lesions which are bent inwards.

There are different treatment modalities are available for the management of Verruca vulgaris. Several agents like cantharidin, salicylic acid, cimetidine, levamisole etc. have been used with limited success. Surgical excision is the most successful mode of treatment and has been found to be successful in majority of the cases. Long term follow up of the patient is needed for the diagnosis of recurrence of the lesion.

CONFLICTS OF INTEREST

The authors declare they have no potential conflict of interests regarding this article.

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