

Marginal Gingiva Papilloma

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ABSTRACT

Background: The tumors or neoplasias are mass of tissue resulting from abnormal excessive purposeless proliferation of cells. A neoplasm can be a slow growing benign lesion or can be a rapid growing malignant lesion. Gingival papillomas in oral mucosa are very rare lesions that to its involvement in gingival and supporting structures of the teeth is rarest. The etiologies of gingival papillomas are not exactly known but there is some evidence shows Human Papilloma virus as causative agent because it has been isolated from many of the lesions of gingival papillomas. Gingival papillomas are benign, proliferative, exophytic, solitary lesions without any considerable clinical signs and symptoms. But these lesions may interfere with mastication or esthetics sometimes. Here a rare case report of papilloma on palatal marginal gingiva is presented along with its surgical management.

Keywords: Neoplasia, biopsy and human papilloma virus.

INTRODUCTION

The benign tumors can originate from epithelium and connective tissue. The benign epithelial tumors generally consists of acini, sheets, columns or cords of epithelial tumors cells that may be arranged in solid or papillary pattern.¹ Human oral papilloma is an uncommon lesion of oral mucosa that too gingival involvement². These papillomas or oral origin appear as either verrucous type, condyloma or squamous type. Squamous papilloma is a common benign neoplasm of unknown origin³. It consists of proliferation of stratified squamous epithelium resulting in papillary or verruciform mass⁴. Amongst these, the cases reported from gingiva are not many and here is a case report of oral papilloma on the palatal marginal gingiva⁵.

CASE REPORT

A 24 year old male patient had visited the Department of periodontics, Meghna institute of dental sciences, Nizamabad, with a chief complaint of growth near the upper right back tooth region on the palatal side since 2 years. History regarding growth revealed that the growth was first noticed two years back as separation of gingiva from tooth by the patient on feeling with tongue. Later gradually small growth was noticed in that region which slowly increased in size and attained present size. From one year there was no increase or decrease in the size of the growth. Patient did not complain of any discomfort like pain, bleeding or difficulty in chewing.

On examination a solitary, sessile, small papillary projections were noticed on the marginal gingiva of 16 (maxillary right first molar) on palatal side extending from mesial aspect to distal aspect of 16 measuring about 7X5mm in size. The color of

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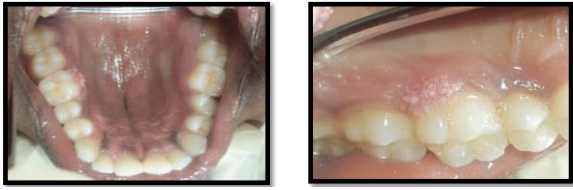


Fig 1 & 2: Intra oral picture.



Fig 3: Excised tissue.



Fig 4: Suture placed.



Fig 5: Periodontal dressing placed.

the growth was pinkish white with cauliflower like appearance and firm in consistency (figure 1 & 2). No signs of inflammation was noticed in and around



Fig 6: Healing after 15 days.

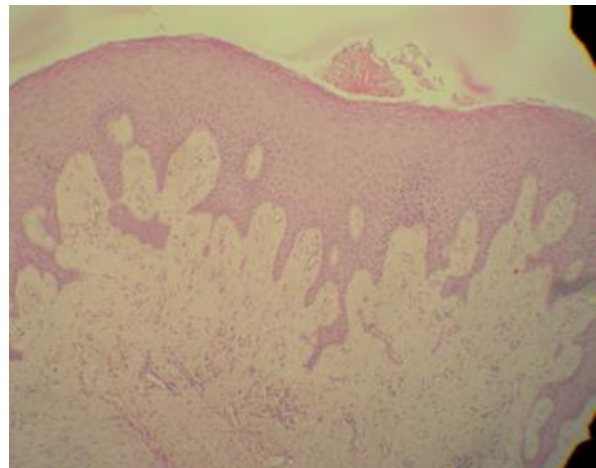


Fig 7: H&E section[magnification 10 x].

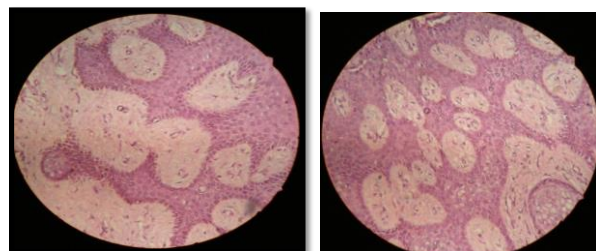


Fig 8 & 9: H&E section [magnification 40 x].

the lesion. The medical, dental and personal history was non contributory. Intra oral periapical radiograph did not reveal any evidence of radiolucency or evidence of boneloss. The blood examination findings were within normal limits. The lesion was provisionally diagnosed as Oral papilloma and planned for Excisional biopsy.

The primary aim of the therapy is to totally excise the lesion and prevent recurrence of the



Fig 10: Healing after 3 months.

Papilloma. Hence surgical excision of the lesion including base was done along with 1mm margin of normal tissue and was sent for histological examination (figure 3). After the excision there was excessive bleeding so, sutures were placed. Periodontal pack was given (figure 4 & 5). The sutures were removed after 1week. The healing was uneventful with 1mm of recession exposing the root surface (figure 6).

Histopathological examination was done by H&E (Hematoxylin and eosin) staining of the specimen. The microscopic examination revealed thin elongated finger like projections lined by thick parakeratotic acanthotic stratified squamous epithelium, pronounced basilar hyperplasia with mitotic figures and connective tissue core with blood vessels. The rete ridges are broad and are at the same level as the adjacent oral epithelium (figures 7, 8 & 9).

DISCUSSION

The human oral cavity is a site where variety of lesions can be seen. It is also the site for the various benign and malignant lesions / neoplasms. The term neoplasia means new growth and the new growth produced is neoplasm or tumor. This tumor / neoplasm is a mass of tissue formed as a result of abnormal, excessive, uncoordinated autonomous and purposeless proliferation of cells. A neoplasm can be benign where it is slow growing and localized / malignant

where the proliferation is rapid, spread throughout the body and may eventually cause death to host

The oral papilloma can be of unknown origin but it seemed to be associated with human papilloma virus (HPV 6 & 11)⁶. But according to Marx and Diane, the role of HPV in causing Papilloma was not clear and they stated that it's a mere coincidence⁷. This condition might actually be a reaction of tissue to injury rather than a true neoplasia. In the present case a clear etiology was not known and its association with HPV was not conformed. Oral papillomas are also commonly seen in HIV positive patients suspecting possible role of Immunodeficiency leading to neoplasms and opportunistic infections⁸.

The squamous papillomas are common lesions of the oral mucosa with a predilection for the mucosa of the hard and soft palate including the uvula and the vermillion border of lip^{9,10}. But any oral surface can be affected. In the present case the lesion was presented on the palatal marginal gingiva of 16.

The histopathological picture of the lesion demonstrated thin elongated finger like projections lined by thick parakeratotic acanthotic stratified squamous epithelium, pronounced basilar hyperplasia with the mitotic figures and connective tissue core and connective tissue core with blood vessels^{11,12}. The rete ridges are broad and are at the same level as a adjacent oral epithelium.

As the growth was found only in oral cavity the possibility of condyloma accuminatum and fungiform papilloma was ruled out as they commonly occur on genital area and sino-nasal tract respectively. The contagiousness and condyloma accuminatum was ruled out by absences of multiple lesions. As skin lesions and multiple lesions were absent verruca vulgaris (common wart) is ruled out. Focal epithelial hyperplasia and verruciform xanthoma are ruled out as extreme hyperplasia of prickle cell layer of epithelium and accumulation of lipid laden histiocytes beneath the epithelium respectively¹³.

Histopathological and clinical picture of the present case was suggestive of squamous papilloma with unknown origin as koilocytes were absent in

the H&E section the probable association of the lesion with HPV was ruled.

Surgical removal is the treatment of choice by either routine excision or laser ablation. Other treatment modalities include electrosurgery, liquid nitrogen cryosurgery, topical application of keratinolytic agents usually salicylic acid and lactic acid, intralesional injection of interferons. Reoccurrence is uncommon. In the present case a surgical excision with scalpel blade was done without any post operative complication. The healing was also satisfactory.

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

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