

Intraoral Wart at an unusual site involving Uvula - A Rare Case Report with Review

¹Dr. Manjiri U. Joshi, Professor and Head, Department of Oral Medicine and Radiology, Manubhai Patel Dental College & Hospital, Vadodara – 390011, Gujarat, India.

²Dr. Dharni A. Patel, Tutor, Department of Oral Medicine and Radiology, Manubhai Patel Dental College & Hospital, Vadodara – 390011, Gujarat, India.

³Dr. Mukta V. Vanjani, Assistant Professor, Department of Oral and Maxillofacial Pathology and Microbiology, Manubhai Patel Dental College & Hospital, Vadodara – 390011, Gujarat, India.

Corresponding Author: Dr. Manjiri U. Joshi, Professor and Head, Department of Oral Medicine and Radiology, Manubhai Patel Dental College & Hospital, Vadodara – 390011, Gujarat, India.

Citation of this Article: Dr. Manjiri U. Joshi, Dr. Dharni A. Patel, Dr. Mukta V. Vanjani, “Intraoral Wart at an unusual site involving Uvula - A Rare Case Report with Review”, IJDSIR- March - 2023, Volume – 6, Issue - 2, P. No. 01 – 09.

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Type of Publication: Case Report

Conflicts of Interest: Nil

Abstract

Verruca vulgaris is a skin wart caused by human papilloma virus (HPV) and mostly affects the surface layer of the skin epidermis and even mucous membrane which causes thickening of the skin layer forming a benign exophytic growth.

Warts generally occur in children and adolescents and are usually found between the age of 30 to 50 years with equal occurrence in both males and females. In oral cavity, Verruca vulgaris is viewed as a proliferative growth of the stratified squamous epithelium frequently occurring on the palate and on the keratinized surfaces of the gingiva. Conservative surgical excision is the treatment of choice. An unusual case report of oral verruca vulgaris seen on a very uncommon site that is anterior to the uvula has been discussed here.

Key message: Oral verrucous and papillary growths are common but this reported case of oral verruca vulgaris is very rare.

Keywords: Verruca, Oral, Benign, Papillary, Squamous, Uvula.

Introduction

Intra-orally lesions can be presented as red and white lesions, ulcerations, pigmentations and exophytic growth. The pathologic growth extending above the normal delineation of the oral mucosa is called as oral exophytic lesion.¹

Oral verruca vulgaris is benign in nature, exhibiting papillary or verrucous growth and is mostly associated with HPV 6 and 11.² HPV has a broad spectrum which affects mucosal and cutaneous parts of the body varying from benign common warts to invasive carcinoma.

There are more than 120 hereditarily unique yet firmly associated HPVs referenced as genotypes.³

Oral verruca vulgaris is a raised white lesion generally small in size which measures approximately up to 0.5 cm in diameter or more.⁴ Most common site of occurrence of oral verruca vulgaris is palate which is present in 50% of cases and the second most common site is the commissures. Average age of incidence is 15 years.²

Here we discuss a rare clinical case report of oral verruca vulgaris with unusual presentation just anterior to the uvula.

Case report

A 39-year-old male showed up to Oral Diagnosis Department for regular dental assessment. On complete intra-oral examination, a painless solitary white coloured sessile growth with papillary (finger) like projections was seen just anterior to the uvula for which the patient was unaware (Figure 1). This keratotic growth measured approximately 0.8 cm in diameter. No such related lesions were detected elsewhere on the patient's body. Patient had a history of smoking cigarettes 4-5 per day for past 20 years. After complete clinical examination and evaluation, a provisional diagnosis of oral verruca vulgaris was given and then patient was subjected to laser biopsy under local anesthesia. Unfortunately, due to patient's poor compliance, biopsy was not performed.

Discussion

Verruca vulgaris is a disease frequently seen on skin. It is usually known as "COMMON WARTS", which has a tendency to affect mucous membrane and epithelial tissues. Anatomical site of infection and the viral type play an important role in clinical presentation of verruca vulgaris.⁵ The lesion may cause bleeding thus leading to discomforts. Often it is seen in the age range of 5 to 20 years and the incidence rate is only 15% after 35 years of

age. This exophytic lesion varies in size from pin point to more than 1 cm in diameter commonly with the average of about 5mm. Lesion shows an increase in size gradually from weeks to months with a clinical presentation of a round, elevated papule with papillary/finger-like or verrucous projections having rough grayish surface. The natural history of verruca vulgaris is of spontaneous resolution.⁶

Verruca vulgaris is now believed to be caused by the virus that affects the skin. This lesion is believed to be transmissible which is associated with human papilloma virus (HPV). These clinical observations were in concurrence with the outcome of the experimental employees who had transmitted verruca vulgaris to other humans.⁷

Common warts were portrayed first in 25 AD when celsus depicted the clinical highlights of genital, plantar and normal skin moles.⁸ Various exophytic hyperplasias of epithelial tissues with rough surfaces are caused by HPV. Some of these are Oral papilloma, Verruca vulgaris and Condyloma acuminatum (CA) which belong to papovavirus group and are benign in nature. HPV strains associated with clinical lesions using the techniques of polymerase chain reaction and in situ hybridization are:

Verruca Vulgaris - HPV types 2 and 57

Condyloma Acuminatum - HPV types 6 and 11

Oral Papilloma - HPV types 6 and 11

Verruca vulgaris, the common wart of skin, is rarely found in the oral cavity when it is invariably white. It can be distinguished from SCC by its verrucous appearance with a crown and a wide base. Condyloma Acuminatum also known as common venereal wart is frequently seen insiderimaoris and is commonly found in HIV-positive patients.²

Various treatment modalities are available ranging from topical agents to surgical excision. Salicylic acid, a topical agent might lead to tissue damage. Effective and pain free treatments are Cryotherapy and Laser therapy. Retinoids, which are vitamin derivatives, inhibit cell growth and are considered as an effective treatment. Conservative surgical excision with adequate margins is a widely practiced and effective treatment of choice.⁹

Conclusion

Thorough intraoral examination is of utmost importance as there are several oral lesions and abnormal growths which can be misdiagnosed or overpass during routine dental check-ups. Accurate oral diagnosis helps to take correct decision regarding treatment based on the clinical findings. Therefore, it is essential to do a comprehensive assessment and evaluation to arrest or even reverse the progression of disease; hence making patient's oral health needs, satisfaction and quality of life healthy as well as superior.

References

1. Mortazavi H, Safi Y, Baharvand M, Rahmani S, Jafari S. Peripheral Exophytic Oral Lesions: A Clinical Decision Tree. *Int J Dent* 2017 Jul 05; 2017: 1-19.
2. Goaz P, Wood N. Differential diagnosis of oral and maxillofacial lesions. 5th ed. St. Louis: Mosby; 1997.
3. Kumaraswamy K L, Vidhya M. Human papilloma virus and oral infections: An update. *J Cancer Res Ther* 2011 Jul 12; 7 (2): 120-7.
4. Ghom A. Oral medicine. 4th ed. New Delhi: Jaypee Brothers Medical Publishers; 2008.
5. Ural A, Arslan S, Ersoz S, Deger B. Verruca vulgaris of the tongue: a case report with a literature review. *Bosn J Basic Med Sci* 2014 Aug16; 14 (3): 136-8.
6. William D, James MD, Andrews' Diseases of the Skin, 2020. [https:// www. science direct. com/ topics/](https://www.science direct. com/ topics/)

pharmacology – toxicology – and – pharma ceutical - science/ verruca-vulgaris

7. Pullar P, Cochrane T. The Viral Aetiology of Verruca Vulgaris. *Scott Med J* 1957; 2 (5):189-99.

8. Joshi M, Shah A, Vishnoi S. Oral Verruca Vulgaris: Report of Two Rare Cases and Review. *Natl J Integr Res Med* 2013 Aug; 4 (4): 145-8.

9. Mattoo A, Bhatia M. Verruca vulgaris of the buccal mucosa: A case report. *J. Cancer Res Ther* 2018; 14: 454-6.

Figure Legend

Figure 1: A solitary white coloured sessile growth with papillary projections present just anterior to the uvula.

