

VERRUCOUS CARCINOMA OF THE ORAL CAVITY – A CASE REPORT

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Abstract

Squamous cell carcinoma is the most common epithelial malignancy of the oral cavity and verrucous carcinoma is its subtype with a low grade malignant potential and a better prognosis as compared to conventional malignancies. Hereby, a case of a male patient with a verrucous carcinoma is discussed.

Key words: Ackerman's Tumor, Buccal Mucosa, Verrucous Carcinoma.

Introduction

Oral verrucous carcinoma also known as the garden variant of squamous cell carcinoma was first described by Lauren V Ackerman in 1948.¹ It has been described in the literature by various names like Ackerman's Tumor, Buschke-Lowenstein Tumor, Oral florid Papillomatosis, Snuff Dippers Cancer etc.^{2,3,4} It is associated with tobacco and snuff use. It is slow growing and may become locally invasive if not treated properly.⁵ Here we report a case of a verrucous carcinoma of the buccal mucosa in a male patient.

Case Report

A 45 years old male patient reported with the chief complaint of growth in the left buccal mucosa for last 2 years. Patient was apparently normal when he noticed a small painless growth about 2 years back which gradually grew to the present size. Patient had a history of chewing tobacco 3 - 4 times a day since last 15 years. On general examination the patient was conscious with normal gait and orientation. Patient had a moderate built. No signs of pallor, clubbing, cyanosis or icterus were seen. Regional lymphadenopathy was absent. On examination an exophytic, verrucous growth was present on the left buccal mucosa extending from the commissure of the mouth to the retromolar area measuring about 7x5 cm in size. (Figure 1)



Figure 1: - Verrucous growth on left buccal mucosa

The lesional surface was irregular and the color was pink and it was tender on touch.

Based on clinical examination a provisional diagnosis of verrucous carcinoma was given with a differential diagnosis

of verrucous leukoplakia. Biopsy was done for confirmatory diagnosis.

Histopathological Report

The given Hematoxylin & Eosin stained soft tissue demonstrated parakeratinized stratified squamous epithelium with hyperplasia. The rete ridges were wide and elongated which appeared to push in to the underlying stroma. Deep clefts with kerating plugging could be appreciated in the epithelium as well. Minimal dysplasia could be noted. The underlying connective tissue stroma demonstrated chronic inflammatory infiltrate (Figure 2,3,4). Histopathology confirmed the diagnosis of verrucous carcinoma.

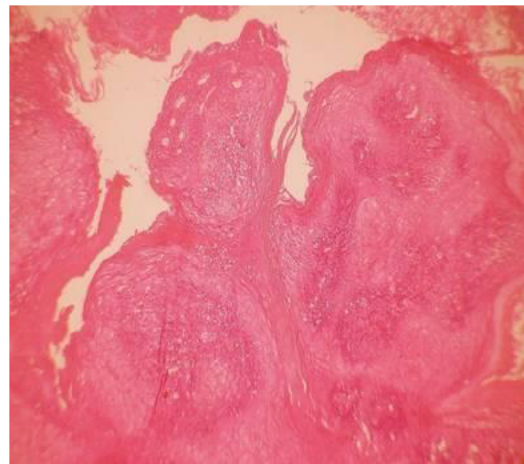


Figure 2: - H & E picture on lower magnification

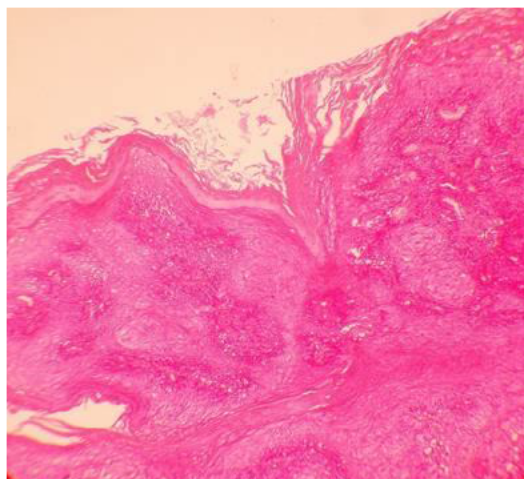


Figure 3: - H & E picture on lower magnification

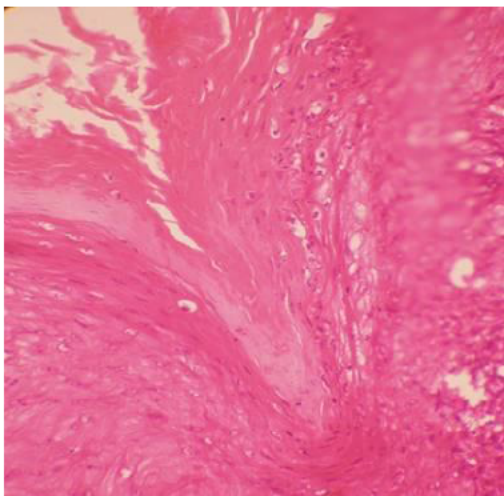


Figure 4: - H&E picture on higher magnification

Discussion

Verrucous carcinoma can chiefly occur on the mucosal and cutaneous sites.⁶ It is seen in male patients of the older age group usually between 60-70 years.^{3,4} However in our case it was present in a 45 yr male patient. It is a low grade malignant variant of squamous cell carcinoma.¹ The causative factors are usually tobacco, betel nut and snuff.^{2,3,7} Human papilloma virus has also been associated with development of verrucous carcinoma.¹ Poor oral hygiene and presence of oral lichen planus maybe predisposing factors.² Long standing leukoplakia can also convert into verrucous carcinoma.⁵

It usually presents as an exophytic, fungating, cauliflower like growth and the surface may appear to be rough and pebbly.^{3,4} Regional lymph node involvement is usually rare and if the lymph nodes are enlarged it is due to inflammatory process.⁴

Histopathological diagnosis may sometimes be tricky, hence it is very important to rule out other exophytic lesions. Classically it presents as hyperplastic parakeratinized stratified squamous epithelium organized into bulbous “elephant foot shaped” rete pegs with pushing borders and minimal cellular atypia.^{3,4,7} Deep surface invaginations are present which are filled with keratin.^{3,8,9} The underlying stroma demonstrates chronic inflammatory cell infiltrate consisting chiefly of lymphocytes and plasma cells.¹⁰

Verrucous carcinomas have a high recurrence rate upto 40% has been reported.¹¹ Surgery is usually considered as the chief mode of treatment and the prognosis is much better as compared to conventional carcinomas.^{2,3}

Conclusion

Exophytic lesions of the oral cavity may be very tricky to diagnose, hence a thorough knowledge about them is important for clinicians and pathologist. Verrucous carcinoma, verrucous keratosis and verrucous hyperplasia cannot be distinguished clinically, hence exophytic lesions

should always be diagnosed and biopsied as early as possible for the sake of early and prompt treatment.

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