

## **Soft palate papilloma: A report of 4 cases with review of literature**

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### **Abstract**

Papillomas appear as pedunculated or sessile, white or normal colored cauliflower-like projections that arise from the mucosal surface. The most common site is the palateuvula area followed by tongue and lips. Of all sites, the soft palate is the most common and accounted for 20% of the lesions. The etiology remains unknown. Viral origin has always been suspect but studies are still inconclusive. Conservative surgical excision is the treatment of choice with rare recurrence. There is no evidence that papillomas are premalignant.

This is a report of four cases of soft palate papilloma in patients of different Asian nationalities.

In conclusion, soft palate papilloma is more common than it is supposed

**Keywords:** Soft palate; papilloma.

## **Soft palate papilloma: A report of 4 cases with review of literature**

### **Introduction:**

Papillomas appear as pedunculated or sessile, white or normal colored cauliflower-like projections that arise from the mucosal surface (1). Its average size is less than 1.0 cm, only 8% were larger than 2.0 cm. Many are only 3 or 4 millimeters. The mean age of patients with papilloma is 36.4 years with a range from 2 to 91 years. There is no sex preference. The most common site is the palate uvula area followed by tongue and lips (1). Of all sites, the soft palate is the most common and accounted for 20% of the lesions. The durations ranged from weeks to 10 years but 50% of the papillomas present between 2 to 11 months.

The etiology remains unknown. Viral origin has always been suspect but studies are still inconclusive. Immunoperoxidase techniques have identified antigens of the human papilloma virus (HPV) in a small number of cases. The same virus may be found in verruca vulgaris, condyloma acuminatum and focal epithelial hyperplasia all of which may resemble papillomas both clinically and microscopically (2).

Conservative surgical excision is the treatment of choice with rare recurrence (3).

There is no evidence that papillomas are premalignant. They should be differentiated from rare intraoral papillomatous lesions such as verruca vulgaris and condyloma acuminatum and microscopic examination should be done to distinguish between them. Large papillomas may resemble early verrucous.

This is a report of four cases of soft palate papilloma.

### **Case report 1:**

D. A., a 31-year old Philipinean man presented in November 2005, to the ENT outpatient clinic in GNP hospital in Khamis Mushayt, Saudi Arabia with a history of sensation of foreign body in the throat and repeated coughing for the last 4 months. He had a lot of medicine including a complete course of antibiotics and antitussive but of no value. No more complaint was in the history. On examination, a small pedunculated papillomatous swelling 8 X4 mm attached to soft palate at the junction of upper part of right anterior pillar with the uvula (figure 1). It was painless and soft. It was excised. It was sent for histopathological report. Microscopic analysis revealed a polypoid lesion lined by stratified squamous epithelium showing papillary fronds, acanthosis and increased epidermal thickness. The underlying stroma showed sclerosis and increased vascularity. There was no evidence of neoplasia. The diagnosis was squamous papilloma. The patient complaint was over.

### **Case report 2:**

S. N., A 29-year old Bangladichian man presented in January 2006, to the same ENT outpatient clinic with a history similar to the history of case report one for the last 2 months. On examination, a similar lesion was found and its histopathological picture is shown in figure 2.

### **Case report 3:**

A. E., a 35-year old Saudi man presented in March 2006, to the same ENT outpatient clinic with a history of snoring, repeated attacks of sorethroat and fever. He had treatment for tonsillitis many times. He also had a history of repeated coughing

especially at night during sleeping. No more complaint was in the history. On examination, large kissing tonsils with a small pedunculated papillomatous swelling 6 X4 mm attached to soft palate at the junction of upper part of left anterior pillar with the uvula. It was painless and soft. Bipolar tonsillectomy with excision of the small swelling was performed. The swelling was sent for histopathological report, and the diagnosis was simple papilloma. The patient complaint was over.

#### **Case report 4:**

G. A., a 41-year old Philippinean man presented in December 2006, to the same ENT outpatient clinic with a history of repeated coughing especially at night during sleeping. No more complaint was in the history. On examination, a small pedunculated papillomatous swelling 6 X 3 mm attached to soft palate at the junction of upper part of right anterior pillar with the uvula. It was painless and soft. Bipolar excision of the small swelling was performed. The swelling was sent for histopathological report, and the diagnosis was simple papilloma. The patient complaint was over.

## **Discussion:**

Soft palate papilloma is a benign proliferation of the stratified squamous epithelium. HPV viral subtypes 6 and 11 have been identified in up to 50% of oral papillomas (2).

Al Khateeb et al., in a 10-year retrospective analysis of the types and distribution of oral and maxillofacial tumors in north Jordanian children and adolescents, reported that the papilloma was the most commonly found benign epithelial tumor in this population (4).

Although its exact etiology is still unknown, it is believed that the origin of papillomas is related to traumatism or to human papillomavirus, especially HPV-6, 11, 16, which have already been identified in these lesions (5). The theory that associates papillomas to the HPV advocates that this virus is capable of invading the nuclei of the cells in the spinous layer, inducing a series of proliferative alterations that result in tumoral growth (2&6).

The papillomaviruses are a heterogeneous group of over 100 deoxyribonucleic acid (DNA) viruses that are predominantly located in the squamous epithelium, causing hyperplastic, papillomatous and verrucous lesions in human and in a wide range of animals (7).

In the oral cavity, papillomas most commonly occur on the palate (34%), but may also affect the uvula, tongue, lips and gingiva.

Generally, the clinical appearance of oral papillomas is hardly distinguishable from that of common warts (*verrucae vulgaris*). For an accurate differential diagnosis, it is necessary that any HPV that is normally found in skin lesions also be identified in the intraoral lesion. The papillomaviruses present in skin lesions that have been

associated to intraoral common warts are HPV-2 and 57 (5). A logical association for clinical diagnosis would be to establish a connection between the presence of common warts in the child's hands and fingers, habits such as thumbor finger-sucking and onychophagia, and the oral papilloma lesion (2).

The histological examination of these lesions reveals the proliferation of the spinous layer cells, following a digitiform pattern with a delicate core of fibrous connective tissue constituting the supporting stroma (3 & 8). Variable degrees of inflammatory reaction can be observed in this stroma, depending on the existence of epithelial ulcerations (9).

The treatment consists of complete excision of the base of the lesion and a small area of surrounding normal tissue using a number 15 stainless steel scalpel blade (8). The specimen should be sent for histopathologic examination to confirm the clinical diagnosis of papilloma and to assure that the surgical intervention and treatment management of the pathology were adequately performed.

## **References**

1. Abbey LM, Page DG, Sawyer DR. The clinical and histopathological features of a series of 464 oral squamous cell papillomas. *Oral Surg Oral Med Oral Pathol.* 1980; 49: 419-28.
2. Syrjanen S, Puranen M. Human papillomavirus infections in children: the potential role of maternal transmission. *Critical Rev Oral Biol Med.* 2000, 11: 259-74.
3. Shafer WG, Hine KH, Levy BM. Oral cavity benign and malign tumors. In: A textbook of oral pathology. Philadelphia: Saunders, 1983, P: 80-2.
4. Al-Khateeb T, Hamasha AA, Almasri NM. Oral and maxillofacial tumors in north Jordanian children and adolescents: a retrospective analysis over 10 years. *International J Oral Maxillofac Surg.* 2003, 32:78-83.
5. Yoshpe NS. Oral and laryngeal papilloma: a pediatric manifestation of sexually transmitted disease? *Int J Pediatric Otorhinolaryngol.* 1995, 31: 77-83.
6. Eversole LR. Papillary lesions of the oral cavity: relationship to human papillomaviruses. *J Calif Dent Assoc.* 2000, 28: 922-7.
7. Puranen M, Yliskoski M, Saarikoski S, Syrjänen K, Syrjänen S. Vertical transmission of human papillomavirus from infected mothers to their newborn babies and persistence of the virus in childhood. *Am J Obstetrics Gynecol.* 1996, 174: 694-9.
8. Cabov T, Macan D, Manojlovic S, Ozegovic M, Spicek J, Luksic I. Oral inverted ductal papilloma. *Br J Oral Maxillofac Surg.* 2004, 42: 75-7.
9. Laskaris G. Tumors and neoplasies. In: Laskaris G. *Color atlas of oral disease in children and adolescents*. New York: G. Thieme Verlag. 1994, P:262-86.



**Figures:**

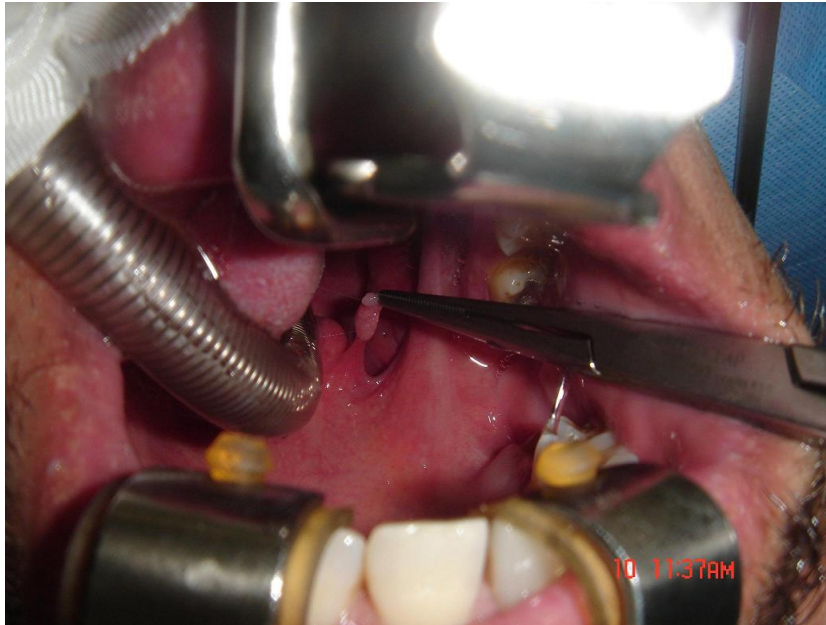


Figure 1: Holding of soft palate papilloma for removal

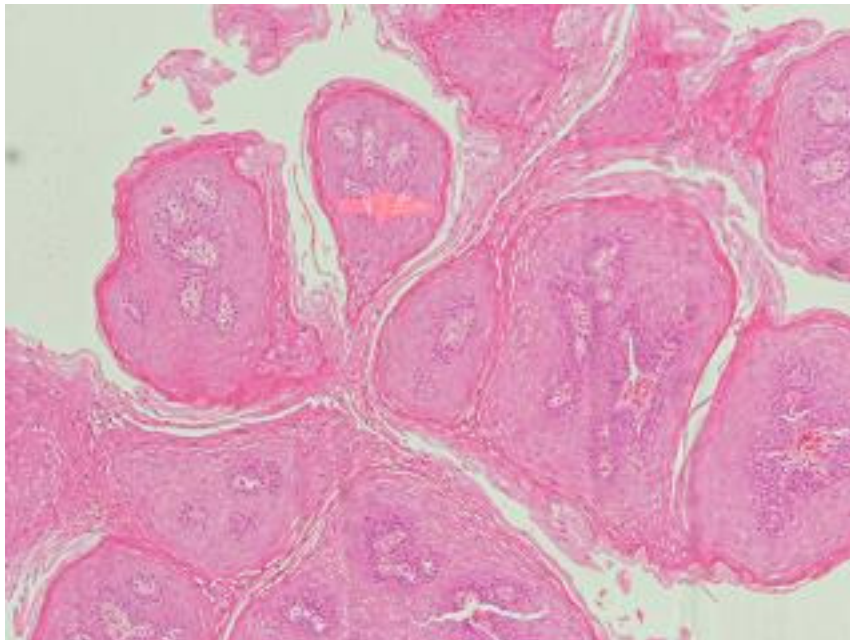


Figure 2: Histopathological microscopic picture