

DIFFERENTIAL DIAGNOSIS OF HPV-RELATED ORAL LESIONS

Case Series



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? INTRODUCTION AND OBJECTIVE

The most prevalent benign oral lesions associated with Human Papilloma Virus (HPV) include: verruca vulgaris, squamous papilloma, condyloma acuminatum and multifocal epithelial hyperplasia¹. These lesions share similar clinical and histological characteristics and it is important to recognize them in order to distinguish from each other and from other potentially malignant and malignant lesions with which they are diagnosed². The purpose of this communication is to demonstrate, through clinical cases, the most prevalent benign lesions associated with HPV present in the oral cavity.

DESCRIPTION OF CLINICAL CASES

Male patient, 54 years old. Presented with multiple exophytic bilateral lesions with 20mm in the retro-commissural zones of the jugal mucosa.



Male patient, 50 years old, homosexual and carrying the Human Immunodeficiency Virus (HIV). Presented multiple papules, with diameters between 2 to 8 mm, in the jugal, labial mucosa and oral floor with evolution of 10 months.

Anatomopathological examination revealed squamous papilloma without dysplasia and exfoliative cytology of **32HPV**. The final diagnosis was multifocal epithelial hyperplasia

Anatomopathological examination revealed squamous papilloma and exfoliative cytology of **11 and 58HPV**. The final diagnosis was multifocal epithelial hyperplasia.

Female patient, 45 years old, healthy. In non-surgical periodontal treatment, the patient was referred due to a unique exophytic white lesion with pedicled base on the right border of the tongue in the posterior third.



Male patient, 34 years old, with a history of asthma and depression treated with escitalopram. Presented three exophytic warty lesions on the lower labial mucosa, gingiva of the right mandibular region and anterior zone of the hard palate.

An excisional biopsy was performed, whose anatomopathological examination revealed fully excised Malpighian papilloma.

Surgical excision and anatomopathological examination confirmed to be squamous papillomas of viral origin and HPV serotyping that detected subtype **7HPV**. The patient was advised to be vaccinated.

Female patient, 66 years old, on simvastatin, risidon and preterax. It presented a white lesion on plaque in the adherent gingiva by vestibular of the tooth 36.



Female patient, 66 years old, allergic to penicillin, with no other relevant personal history. Presented verrucous exophytic lesions, with about 2 months of evolution, in the mucocutaneous transition near the left labial commissure.

Anatomopathological examination revealed squamous papilloma. When the excisional biopsy was performed, subtyping was suggested and the patient did not want to perform it.

An excisional biopsy was performed, whose anatomopathological examination confirmed a verruca vulgaris of viral origin.

HECK'S DISEASE MULTIFOCAL EPITHELIAL HYPERPLASIA

It is induced by subtypes 13 and 32 and its most frequent intraoral sites are the oral and labial mucosa and tongue^{2,4}. Characterized by the presence of numerous nodular masses distributed in different locations. They are pink, discrete and asymptomatic papules⁴.

SQUAMOUS PAPILOMA

It is the most common oral papilloma⁴. It is characterized by a benign proliferation of stratified squamous epithelium. Intraorally its most common sites are tongue, lip mucosa and palate^{2,3}. It is characterized by a soft, painless and exophytic nodule³. It is induced by subtypes 6 and 11².

VERRUCA VULGARIS

Focal hyperplasia, benign and induced by subtypes 2 and 4 of HPV^{2,3,4}. It presents as a painless papule or lump of pink color. Usually it does not reach dimensions larger than 5 mm³. Its most frequent intraoral sites are the lip and anterior region of the tongue^{2,3}.

CONDILOMA ACUMINATUM

The lesions occur most frequently in the labial mucosa, soft palate and lingual frenum, presenting as an exophytic, sessile, pink and well-delimited volume increase³. In general it is painless. Its average size is 1 to 1.5 cm and is induced by subtypes 6,11,16,18².

i CLINICAL IMPLICATIONS AND CONCLUSIONS

The knowledge of the pathophysiology of the disease and the careful clinical evaluation of the lesions are fundamental for the institution of the appropriate therapeutic approach. Some HPV subtypes are associated with an increased risk of developing cancer, especially the oropharynx. The Dentist plays an important role in the diagnosis and treatment of oral lesions.

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