

## Case Report

# Tonsillar papilloma: A rare case

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## ABSTRACT

Benign oropharyngeal tumors are far less common compared to malignant tumors. Squamous papillomas are exophytic masses of the oral cavity. It is an innocuous lesion that is neither transmissible nor threatening. Pedunculated squamous papilloma usually arises from the soft palate, tonsil, or the epiglottis. A 32-year-old female presented with odynophagia on and off for 5 months. History regarding the growth revealed that it was first seen 6 months prior as a slow-growing non-tender papule. The present lesion was exophytic and sessile in nature, pinkish in color with a pebbled surface, soft in consistency, 2 cm × 2 cm in size, and situated on left tonsil. Surgical excision of the lesion was performed. The histopathological diagnosis of squamous papilloma was made. The squamous cell papilloma is a benign tumor with a rare entity arising on tonsil which caused unusual odynophagia (symptomatic) of long duration.

**Keywords:** Odynophagia, pedunculated, squamous papilloma, tonsils

## INTRODUCTION

Benign oropharyngeal tumors are far less common compared to malignant tumors. Oropharyngeal papilloma is present in adults.<sup>1</sup> The squamous papillomas are exophytic masses of the oral cavity. It is an innocuous lesion that is neither transmissible nor threatening. When they occur on the palate, they are most often asymptomatic and benign.<sup>2</sup> Pedunculated squamous papillomas usually arise from the soft palate, tonsil, or the epiglottis. These lesions can sometimes prove to be fatal. A case of pedunculated squamous papilloma, arising from the left tonsil, the clinical presentation, site of origin and the size of the lesion were quite unusual. The narrow base of the pedicle made the intraoral excision possible.

## CASE REPORT

A 32-year-old female presented with odynophagia on and off for 5 months. History regarding the growth revealed that it was first seen 6 months prior as a slow-growing non-tender papule. The present lesion was exophytic and sessile in nature, pinkish in color with the pebbled surface, soft in consistency, 2 cm × 2 cm in size, and situated on left tonsil (Figure 1).

Surgical excision of the lesion was performed. The histopathological diagnosis of squamous papilloma was made. The histopathological section at ×100 magnification under hematoxylen and eosin staining show hyperplastic squamous epithelial lining with papillomatosis, adjoining tissue show nonspecific inflammation with proliferating vessels (Figure 2).

## DISCUSSION

Pedunculated squamous papillomas usually arise from the soft palate, tonsil, or the epiglottis. These lesions can sometimes prove to be fatal. A case of pedunculated squamous papilloma, arising from the left tonsil, the clinical presentation, the site of origin, and the size of the lesion were quite unusual. The narrow base of the pedicle made the intraoral excision possible.<sup>3</sup> Oral squamous papilloma is a benign proliferation of the stratified squamous epithelium, which results in a papillary or verrucous exophytic mass. The lesions were softened or flaccid in 66.7% of cases, and a pedunculated attachment was seen in 75% of the lesions.<sup>4</sup> Male to female ratio is 1:1.5. The mean age was 33 years, with the majority in the 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> decades. The sites commonly affected by benign neoplasms were the

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**Figure 1:** Oral examination



**Figure 2:** Histopathology picture

palate, tongue, upper lip, and buccal mucosa, in descending order. 4% of squamous papilloma was common benign oral soft tissue masses. The oropharyngeal papilloma is typically present in adults. Benign oropharyngeal tumors are far less common compared to malignant tumors. The papilloma is usually solitary and enlarges to a maximum size of about 0.5 cm.<sup>5</sup> However, in our case papilloma is in rare site-tonsil, big in size (2.0 cm × 2.0 cm), pedunculated strand measured 1.2 inches in length and unusual cause of odynophagia makes it sound rare. They are most often benign and asymptomatic. However, in our case, the patient presented with odynophagia and irritation of throat atypical.<sup>2</sup> Pathogenesis is related to human papilloma virus (HPV), but there is controversy regarding its viral origin. The squamous papilloma is associated with HPV Types 6, and 11.<sup>6</sup> In recent years, a clear connection has been established between HPV and the development of squamous papilloma.<sup>7</sup> In our case section shows koilocytes.<sup>8</sup> Average size is <1 cm and only 8% were 2.0 cm and many are 3.0-4.0 mm.<sup>9</sup> There is a fine strand of tissue more than 2 inches terminating disc-like papilloma. In our case also it matches parallel.

## CONCLUSION

The squamous cell papilloma is a benign tumor with a rare entity arising on tonsil which caused unusual odynophagia (symptomatic) of long duration. It revealed fine strand of tissue measuring 1.2 inches terminating with a mass measuring 2.0 cm × 2.0 cm, papilloma, and on the section it revealed the presence of koilocytes. Hence with the above features it is a rare entity.

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## PEER REVIEW

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## CONFLICTS OF INTEREST

Nil

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## REFERENCES

1. Wadhwa R, Kalra V, Gulati SP, Ghai A. A big solitary oropharyngeal papilloma in a child. *Egypt J Ear Nose Throat Allied Sci* 2012;13:131-2.
2. Goodstein LA, Khan A, Pinczewski J, Young VN. Symptomatic squamous papilloma of the uvula: Report of a case and review of the literature. *Case Rep Otolaryngol* 2012;2012:329289.
3. Desai S, Rajaratnam K. Pedunculated squamous papilloma of the laryngopharynx. *J Laryngol Otol* 1989;103:209-10.
4. Carneiro TE, Marinho SA, Verli FD, Mesquita AT, Lima NL, Miranda JL. Oral squamous papilloma: Clinical, histologic and immunohistochemical analyses. *J Oral Sci* 2009;51:367-72.
5. Al-Khateeb TH. Benign oral masses in a Northern Jordanian population - A retrospective study. *Open Dent J* 2009;3:147-53.
6. Major T, Szarka K, Sziklai I, Gergely L, Czeglédy J. The characteristics of human papillomavirus DNA in head and neck cancers and papillomas. *J Clin Pathol* 2005;58:51-5.
7. Crissman JD, Kessis T, Shah KV, Fu YS, Stoler MH, Zarbo RJ, *et al.* Squamous papillary neoplasia of the adult upper aerodigestive tract. *Hum Pathol* 1988;19:1387-96.
8. Jaju PP, Suvarna PV, Desai RS. Squamous papilloma: Case report and review of literature. *Int J Oral Sci* 2010;2:222-5.
9. Abou-Elhamd KA, Yaquoby M. Soft palate papilloma: A report of 4 cases with review of literature. *Saudi J Otorhinolaryngol Laryngol Head Neck Surg* 2010;12:26-8.

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