



# PRECISION DENTAL MEDICINE

## Verrucous Carcinoma: apropos of a clinical case

Patrícia Couto<sup>1</sup>, Nélio Veiga<sup>1</sup>

1- Centre for Interdisciplinary Research in Health, Universidade Católica Portuguesa, Viseu, Portugal

### Background

Verrucous carcinoma is a low-grade variant of oral squamous cell carcinoma. It is more common in males, over 55 years old (65-70 years old) and is usually associated with chewing tobacco. Its preferred location is the bottom of the vestibule, gums, buccal mucosa, tongue and hard palate.<sup>1-3</sup>

### Case Report

This is a case of a male brazilian patient, 67 years old, former tobacco user (about 20 years), diagnosed with metabolic syndrome and with a history of chronic alcoholism, sporadic depression and anxiety. The patient had a white, extensive lesion on the right lateral border of the tongue, with a long evolution time, well delimited, not removable by scraping, without painful symptoms and with verruciform projections on the surface (Fig.1-2). There was also an increase in cervical lymph nodes. The treatment performed consisted of incisional biopsy (Fig.3). The surgical specimen was sent for histopathological analysis, obtaining a provisional diagnosis of papillomatous squamous proliferation and suggesting the need of a differential diagnosis with verrucous carcinoma. Given the extent of the lesion, the patient was referred to the IPO (Portuguese Institute of Oncology) for histopathological examination of the entire lesion, which confirmed the definitive diagnosis of verrucous carcinoma. The patient has been subject to periodic follow ups in the last 5 years without any recurrence.



Fig.1: Initial appearance



Fig.2: Initial appearance

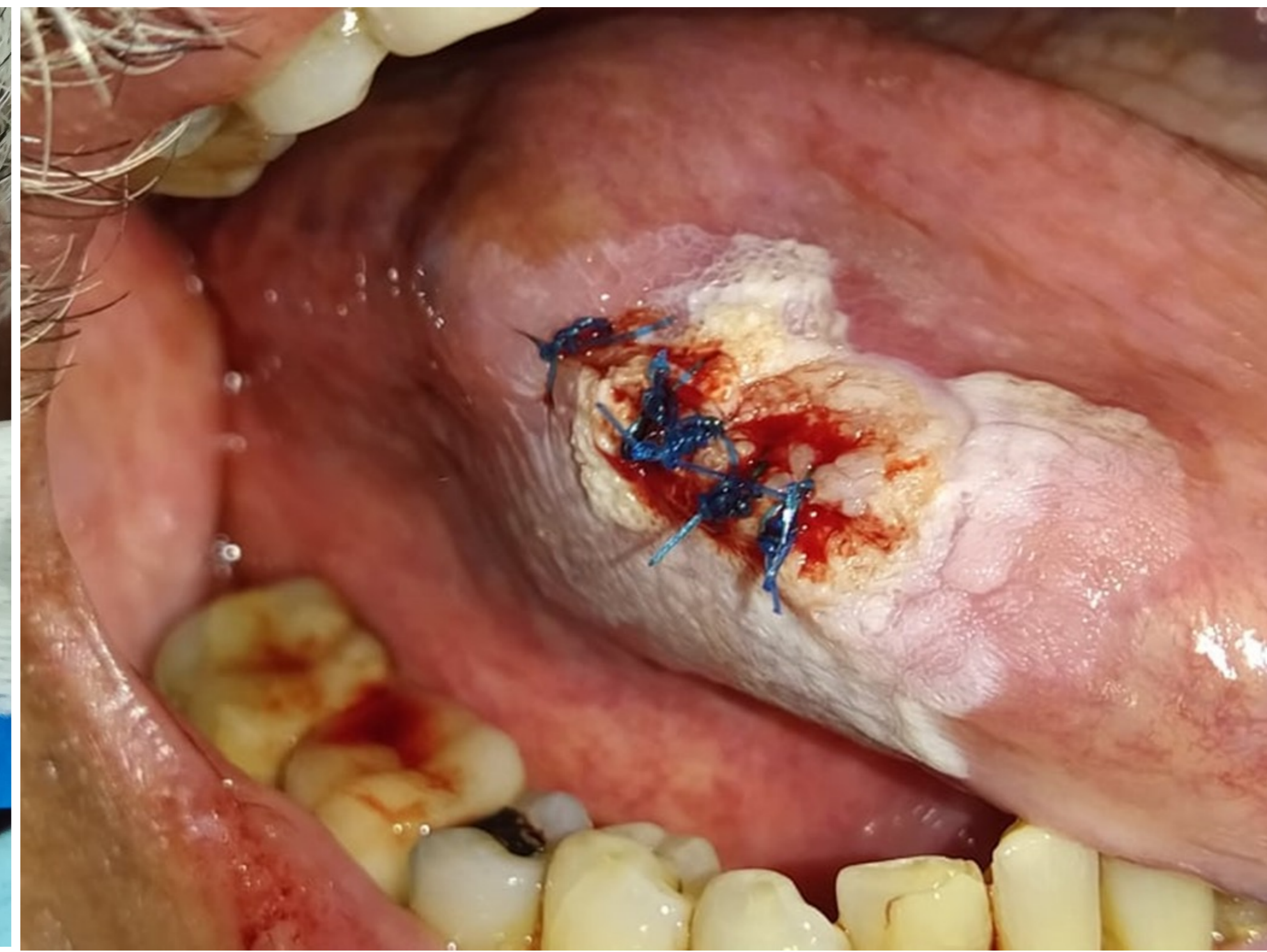


Fig.3: Post-op

### Conclusion

As seen in the present case, verrucous carcinoma usually appears extensive at the time of diagnosis, and in the form of a verrucous lesion, with slow and progressive growth, which histopathologically presents a misleading benign appearance. A good anamnesis (looking for risk factors), a detailed clinical examination that evaluates all aspects of a lesion (color; ulceration; bleeding; growth; consistency; duration; fixation) and an adequate histopathological examination are always essential for a correct and definitive diagnosis.

### References

- 1- Peng Q, Wang Y, Quan H, Li Y, Tang Z. Oral verrucous carcinoma: From multifactorial etiology to diverse treatment regimens (Review). *Int J Oncol.* 2016 Jul;49(1):59-73. doi: 10.3892/ijo.2016.3501. Epub 2016 Apr 26. PMID: 27121637.
- 2- Montjean F, Evrard L, Magremanne M, Vervaet C, Louryan S, Daelemans P. Le carcinome verruqueux oral [Oral verrucous carcinoma]. *Rev Med Brux.* 2004 Jun;25(3):173-7. French. PMID: 15291450.
- 3- Hosseinpour S, Mashhadiabbas F, Ahsaie MG. Diagnostic Biomarkers in Oral Verrucous Carcinoma: A Systematic Review. *Pathol Oncol Res.* 2017 Jan;23(1):19-32. doi: 10.1007/s12253-016-0150-x. Epub 2016 Dec 6. PMID: 27924463.

