



ORAL CONDYLOMATA ACUMINATA

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A case of oral condylomata acuminata in a boy aged 14 years is reported for its uncommon presentation, which warrants a high index of suspicion for diagnosis.

Key Words : Condylomata acuminata, Sexually transmitted disease

Introduction

Human papilloma viruses can infect and cause disease at any site in stratified squamous epithelium, either keratinizing (skin) or non-keratinizing (mucosa).¹ The oral cavity can be infected with various HPVs, most are genital low and high-risk HPVs (types 6,11,16 and some are cutaneous types (HPV2).² The occurrence of warts in oral cavity is rare but is more common in HIV disease.³ We report a case of condylomata acuminata on lower lip and tongue, with complete sparing of upper lip in a 14-year-old healthy adolescent boy.

Case Report

A 14-year-old Muslim boy presented with asymptomatic, multiple, grouped, flesh- coloured, elevated lesions; gradually increasing in size and number, over the lip of 1 1/2 years duration. On examination, multiple, closely grouped, flesh -coloured,

smooth, predominantly flat-topped and a few acuminate papules with crusting at few places were observed on vermilion zone of the entire lower lip. Examination of oral cavity revealed poor oral hygiene



and multiple, discrete, soft pink-coloured papules on the dorsal aspect of tongue and gingiva. Upper lip was com-

Fig. 1. Multiple, grouped, flesh-coloured papules with a few acuminate ones seen over the lower lip.

pletely free of lesions (Fig.1). Rest of the physical and systemic examination were normal. Patient gave history of oral and anal sexual contact after repeated questioning.

Histopathological examination of the specimen from lip revealed parakeratosis with mild hyperkeratosis, extreme acanthosis and papillomatosis. Many large vacuolated cells (koilocytes) were seen in malpighian layer. Serological tests for syphilis

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and HIV infection were negative.

Discussion

In the past, condylomata acuminata in the mouth were recorded as rare, but they are diagnosed more frequently today.⁴ Some patients with condylomas of the lips, tongue or palate have concomitant genital or anal warts. In our case, condylomata acuminata were confined only to lower lip, tongue and gingiva, with no associated genital or anal lesions. Infection with HPV at a young age may be a risk factor for the development of carcinoma, especially with the concomitant action of cocarcinogens (eg: in betel nut chewers). As a result, clinicians should be alert to the need for long-term follow-up of children with condyloma, especially those who carry high-risk types.⁵ HPV typing could not be

done in our case because of the lack of facility in our institution. Recommended modes of treatment for oral warts are cryotherapy and chemical cautery.

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