

Case 18

A 36-year-old Thai male from Bangkok

Chief complaint: A 5-year history of asymptomatic mass at lateral side of tongue



Present illness:

The patient presented with non-progressive mass on left lateral side of tongue for 5 years. The lesion was asymptomatic. There were no other mucosal or cutaneous abnormalities. He denied any previous trauma or infection. He also denied previous treatment.

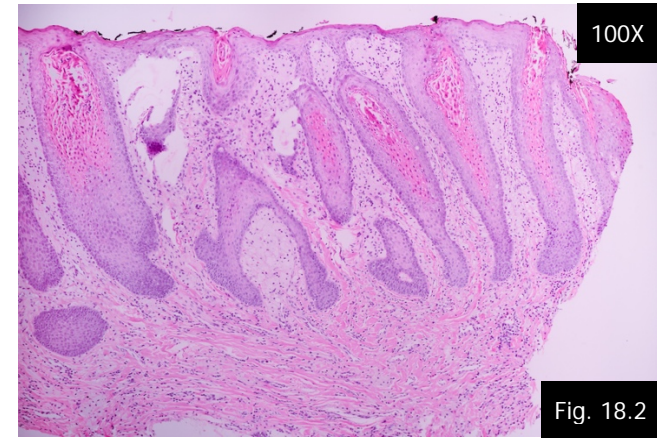
Past history: He has allergic rhinitis.

Family history: There was no family history of cancer or similar cutaneous lesions.

Physical examination: Other systemic examination revealed no abnormality.

Dermatological examination: Solitary pinkish verrucous plaque, 10x10 mm in size, on left lateral side of tongue. (Fig. 18.1)

Histopathology: (S18-29786, Tongue) (Fig. 18.2)



- Epidermal hyperplasia and papillomatosis with numerous foamy cells in the papillary dermis

Diagnosis: Verruciform xanthoma

Treatment:

- Shave excision
- Reassurance the patient of the benign nature of the disease

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Discussion

Verruciform xanthoma (VX) is a rare benign lesion of unknown pathogenesis, first described in the oral cavity by Shafer in 1971.¹ Similar lesions have been reported in the anogenital area, i.e. penis,

scrotum and vulva, as well as in the skin. The frequency of occurrence is approximately 0.025%.² Up to date, more than 400 cases of oral VX have been reported.³ There was a slight male predominance (male to female ratio 1.4:1). Age ranged from 2.5 to 89 years, with the majority of patients being in the 5th to 7th decade of life (mean age 51 years).⁴

Its etiology is unknown, but it is believed to be a reactive lesion. Occurrence on the masticatory mucosa lead to the hypothesis that a local irritant, such as trauma or inflammation, may cause epithelial degeneration and that the degenerated epithelium forms lipids scavenged by macrophages.⁵ However, this theory does not explain the occurrence of VX in sites where trauma is not common. Some authors consider the epithelial changes as secondary to the presence of foamy cells⁶ or "illusionary" due to the upward pushing effect from the macrophages.⁷ Unlike skin xanthomas, no disturbance of lipid metabolism is reported, with the exception of one case in a girl with an undefined systemic lipid disorder who developed a verruciform xanthoma on the tongue and in other parts of her body.⁸ There were several reports of co-existence with other cutaneous disorders including graft versus host disease⁹, discoid lupus erythematosus¹⁰, pemphigus vulgaris¹¹, lymphedema¹², epidermolysis bullosa¹³, ichthyosiform disorders including the congenital hemidysplasia with ichthyosiform erythroderma and limb defects (CHILD) syndrome.¹⁴

It usually presents as a single mucosal lesion with non-diagnostic clinical appearance. The most commonly affected site was the gingiva (57.4%), followed by the tongue (10.3%), hard palate (7.1%), buccal or vestibular mucosa (6.7%), floor of the mouth (4.6%), and soft palate (3.2%). The color may be that of normal oral mucosa: red or pink, but occasionally the appearance is yellowish red or brownish, pale (grayish) or whitish. The surface appears papillary/granular or verrucous with a sessile or pedunculated base.

The margins are often sharply delineated and may be slightly raised above the surrounding normal mucosa. The center of the lesion can appear cup-shaped or crater-like depression with or without ulcer. Most lesions are asymptomatic except when localized to areas where traumatization by toothbrushing occurs. Symptoms may also be present if the VX seems to be associated with other oral conditions.¹⁵

For the diagnosis, it requires microscopic examination. The major pathognomonic feature is the presence of foamy macrophages filled with lipids (or so-called xanthoma cells) in the papillary dermis. The second main feature is the papillomatous appearance best seen on low-power magnification. This appearance may also be described as a verrucous acanthosis, with the absence of hypergranulosis and koilocytes that would favor a diagnosis of verruca vulgaris.¹⁶

The clinical differential diagnosis includes other verrucous lesions, such as verrucous leukoplakia, verrucous carcinoma, squamous papilloma, verruca vulgaris, condyloma acuminatum and squamous cell carcinoma.⁴

Treatment of VX consists of simple surgical excision. The recurrence of oral VX is extremely rare. The prognosis for VX is excellent and no case of malignant transformation has been reported.¹⁵ Proper understanding of clinical and histopathological findings is essential for diagnosis and differentiation from similar oral lesions. This will help in avoiding radical surgical procedure.

Reference:

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