



E-ISSN: 2616-3470

P-ISSN: 2616-3462

© Surgery Science

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2020; 4(4): 61-62

Received: 03-08-2020

Accepted: 05-09-2020

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## Oral verrucous carcinoma –A rare variant of ca oral cavity

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**DOI:** <https://doi.org/10.33545/surgery.2020.v4.i4b.537>

### Abstract

**Introduction:** Oral verrucous carcinoma is an uncommon variant of oral squamous cell carcinoma. Demographics, clinical presentation and surgical outcomes are believed to be different from oral squamous cell carcinoma.

**Methodology:** A single case report of verrucous carcinoma managed wide local excision of tumour with Level 1 and 2 lymph node dissection followed by Nasolabial flap reconstruction.

**Discussion:** Verrucous carcinoma is any exophytic growth of well differentiated squamous cell carcinoma which generally presents as white warty lesion. They are slow growing with very low metastatic potential and good prognosis. Thus neck dissection and radiotherapy and chemotherapy can be avoided or limited to supraomohyoid neck dissection with close follow up.

**Keywords:** Oral verrucous carcinoma, wide local excision, supraomohyoid neck dissection

### Introduction

Verrucous carcinoma is described as any exophytic growth of well-differentiated squamous cell carcinoma which generally present as white, warty lesions. They are slow growing tumors known to have low metastatic potential with good prognosis. Despite these differences, most guidelines and treatment protocols do not differentiate between verrucous carcinoma and oral squamous cell carcinoma with respect to the margins of excision, need for adjuvant therapy, or the role and extent of lymph node dissection.

### Methodology-Case report

A 37 year old male patient with complaints of difficulty in opening mouth since 1 year and ulcer over inner side of left cheek since 1 month. H/o tobacco chewing since 20 years.

On examination - Ulcero- proliferative lesion over left buccal mucosa. Size – 3 \* 1.5 cm between upper and lower gingivo -buccal sulcus extending into retro molar trigon. Overlying skin –WNL.

No lymph node palpable in neck.

cTNM –T2N0M0

### CECT report

Ill-defined enhancing soft tissue lesion of approximate size 2 \* 1.5 cm seen in left upper gingiva buccal region extending into left retro molar trigon. Mild adjacent fat stranding is seen.

No erosion of underlying bone. Overlying skin appears normal.

### Biopsy s/o Verrucous carcinoma

Patient was operated for wide local excision of tumour with Level 1 and 2 lymph node dissection followed by Nasolabial flap reconstruction

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## Post-operative images



**Fig 1:** Intra operative flap



**Fig 2:** Flap condition post-operative day 3



**Fig 3:** Flap condition post-operative day 8

## Results

Patient was discharged on post op day 5 with healthy suture line and followed up. No local or systemic complications or recurrence were identified after follow up.

Post Op HPR Verrucous carcinoma with negative margins Level 1 and 2 Lymph nodes show no tumour invasion pTNM – T2N0M0.

## Discussion

Oral verrucous carcinoma (OVC) is an uncommon variant of oral squamous cell carcinoma (OSCC). The incidence of verrucous carcinoma of the oral cavity is between 2% and 16% of all oral cancers. The demographics, clinical presentation, and surgical outcomes of verrucous carcinoma are believed to be different from OSCC. They are generally considered as slow growing tumours with good prognosis. The management of verrucous carcinoma is rarely radical or multi-modal. Even with local tumour aggression, it is intriguing that regional or distant metastasis is rare. radiotherapy has generally been recommended in the presence of adverse risk factors in the Histopathology report.

## Conclusion

Surgical excision with adequate margins has proven to be effective in the management of these tumours and Palpable neck nodes are usually reactive/inflammatory and neck dissection could be avoided or limited to SOHND in selective cases.

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