

Oral Florid Papillomatosis

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A case of oral florid papillomatosis involving the superior and inferior alveolar ridges, the palate and the tongue in a young woman is presented. Histological examination showed papillary hyperplasia with marked acanthosis. The basement membrane remained intact. The patient was treated with a combination of recombinant- α 2a interferon and carbon dioxide laser surgery.

Oral Oncol, Eur J Cancer, Vol. 29B, No. 1, pp. 81-82, 1993.

CASE REPORT

A 35-year-old woman presented in January 1988. She was edentulous but neither smoked nor drank.

Exuberant papillomatoses involved the whole oral mucosa (the palate, superior and inferior alveolar ridges and the tongue) (Figs 1 and 2).

Histological examination showed hyperplasia of the mucosa with parakeratosis and acanthosis. The basement membrane was intact (Fig. 3). Mitosis, nuclear pleomorphism or hyperchromasia, cytoplasmic basophilia, and loss of cellular polarity were absent.

This patient was treated with interferon- α 2a (Roféron, Laboratoire Roche, 3 million units per day, 3 times a week) and over 3 months the lesion gradually decreased in size (Fig. 4).

The remission was, however, only partial (about 50%) and therefore the superficial tissue was vaporised with CO₂ laser, (10 W on a continuous mode of operation).

Six vaporisations have been made with local anaesthesia every 6 weeks (Fig. 5) and there have been no recurrences over the 4 years following the initial procedure (Fig. 6).

Interferon- α 2a injections have been given at the dosage of 3 million units per day, 3 times a week for 4 years.



Fig. 1. Diffuse papillomas within the oral cavity before the treatment (January 1988).



Fig. 2. Diffuse papillomas within the oral cavity before the treatment (January 1988).

DISCUSSION

Oral florid papillomatosis, first described by Rock and Fisher in 1960 [1], is a rare condition considered to be premalignant by most authors and usually associated with a marked capacity for progression and recurrence [2, 3].

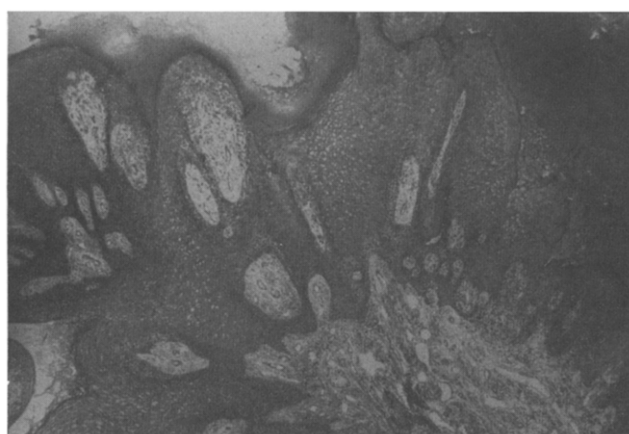


Fig. 3. Vegetating lesion of florid papillomatosis. The epithelium demonstrates hyperparakeratosis, acanthosis.

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Received 6 Feb. 1992; accepted 31 Mar. 1992.



Fig. 4. Residual papilloma (April 1988).

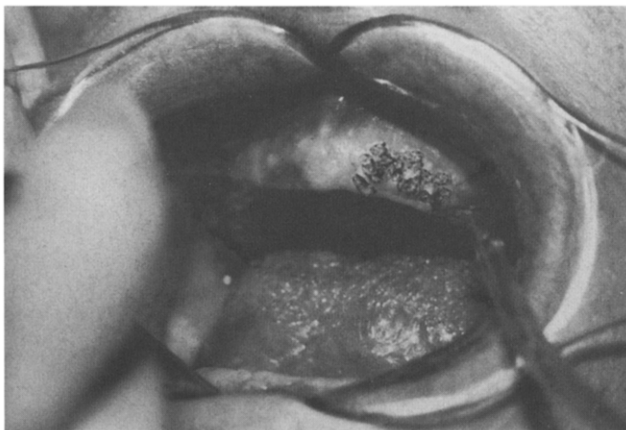


Fig. 5. Vaporisation by CO₂.

Various modes of therapy have been proposed including bleomycin chemotherapy [4], surgery, radiotherapy (Iridium 192) [5] and carbon dioxide laser treatment [6].

We treated this patient with interferon- α 2a [7, 8] producing mild global regression of about 50%; but combination with CO₂ laser surgery resulted in complete remission in the treated zones.



Fig. 6. Disappearance of papilloma (December 1991).

A viral aetiology is accepted for this condition, but the aetiological role of human papillomavirus (HPV) in these lesions remains unclear [9].

Interferon enhances immunological defences by enhancing natural killer cells and phagocytosis by macrophages [10]. Side effects and toxicities at low doses are readily managed: in this case, only a flu-like syndrome occurred over the first days of treatment.

CO₂ laser surgery has advantages such as a very precise operation, minimal bleeding, and few postoperative local reactions [11, 12].

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