Surgery and Rehabilitation

Clinical Image

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Verrucous carcinoma tongue – A clinical curiosity

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Clinical Image

A 45-year-old gentleman presented with history of proliferative growth on right side of tongue since last ten months which was gradual in onset and progressively increasing in size. It was associated with occasional pain, difficulty in swallowing, chewing and dysarthria. The patient also had addiction to smoking (8 pack years), tobacco chewing and alcohol (occasional) for the past 25 years. On examination, there was a large exophytic mass with a whitish surface and multiple papillary projections, involving the right half of the tongue, crossing midline and extending till tonsilo-lingual sulcus. Tongue mobility was restricted due to large size of the lesion (Figure 1a). Floor of mouth, buccal mucosa, base tongue and mandible was free of tumor. On neck palpation, there was no significant lymphadenopathy Biopsy from the tongue lesion revealed verrucous carcinoma (stage T3N0M0). Patient underwent right hemiglossectomy (Figure 1b) along with bilateral supraomohyoid neck dissection as the tumor was crossing midline. Post-operative histopathology confirmed verrucous carcinoma will all margins free and no pathological neck nodes on sampling. The patient also adjuvant radiation treatment. At one year follow up the patient is disease free with good quality of life.

In the oral cavity, veruccous carcinoma constitutes 2 to 4.5 % of all forms of squamous cell carcinomas seen mainly in males above 50 years of age and having a close connection with use of tobacco [1, 2]. In the oral cavity, the buccal mucosa and lower gingiva is the common site and verrucous carcinoma of the tongue is clinically rare. It is a well-differentiated variant of squamous-cell carcinoma that is locally destructive, although it grows slowly and rarely metastasizes. Human papillomavirus infection and smoking are the main recognized etiologic factors. Local resection with 1 centimeter of clinical margin is considered by as the treatment of choice for verrucous carcinoma [2,3]. The role of neck dissection depends upon clinically palpable nodes, invasive carcinoma at presentation, or tumor size [4]. The role of radiotherapy alone in verrucous carcinoma is controversial since it may change the nature of the tumor to a poorly differentiated squamous cell carcinoma. The prognosis of verrucous carcinoma is better than that of other kinds of squamous cell carcinomas [2,4].

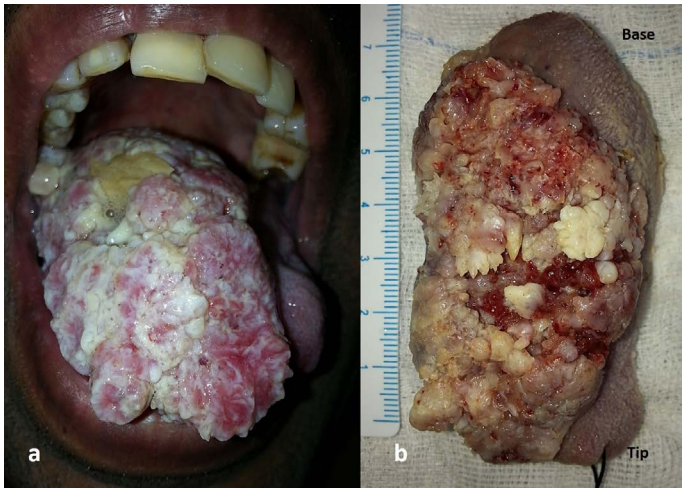

Figure 1. a) Clinical image showing proliferative verrucous lesion over right lateral border of tongue. b) Postoperative specimen with adequate margins. Note the proliferative and verrucous pattern of growth

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