

SQUAMOUS PAPILLOMA: TREATMENT IN DENTISTRY

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ABSTRACT

The papilloma IN Infection Outbreak human virus (HPV) in oral cavity has been little investigated in relation one Infection In this virus in the genital area. It is an oral cavity FOR Considered Authors How many reservoir and source of virus infections Of this, the present work aims to address the HPV Treatment paragraph in the mouth through the hum case report where the patient had clinically oral lesions NAS regions of papillae not Fabric periodontal, Compatible with leukoplakia. Was performed at a biopsy and excisional with APOS Microscopic Analysis removal, the diagnosis was C / C (compatible) Papilloma.

KEYWORDS: Papillomavirus, HPV, human papilloma virus.

1. INTRODUCTION

The human papilloma virus (HPV) is a DNA virus, non-cultivable, belonging to the papilloma virus group, which is highly transmissible and has a considered tropism for epithelial and mucosal tissue, found often in the anogenital region, and the sexually transmitted disease (STD) common throughout the world, it is estimated that about five hundred thousand to one million people become infected by HPV in the world. In Brazil, there are between three and six million people infected with this virus^{1,2,3}.

Cellular changes developed by this virus were studied initially in 1956 by cytologists Koss and Meisels, that termed mild, moderate or marked dysplasia. His most common clinical manifestations are common warts, characterized as injuries firm, circumscribed, elevated and rough surface and can be pedunculated or adhered to the tissue^{2,3,4,5}.

In recent decades, has seen an increase in the number of infected with HPV, both men and women, in the genital region and year in the past 15 HPV was the major cause of cervical cancer. Due to the increased practice of oral sex, currently papilloma virus came to be found in the oral mucosa and has been associated with squamous cell carcinoma of the head and neck, particularly oropharyngeal carcinomas^{6,7}.

More than 100 types of HPV have been identified, of

which only 24 types were associated with oral lesions (HPV- 1, 2, 3, 4, 6, 7, 10, 11, 13, 16, 18, 30, 31, 32, 33, 35, 45, 52, 5, 57, 59, 69, 71, 73), which were identified and divided into two groups of high and low and receive this classification according to their propensity to cause cancer. Low risk are: (HPV – 3, 6, 11, 42,43, 44) are associated with benign warts. HPV's high risk are: (HPV- 16, 18, 31, 33, 34, 35, 39, 45, 46, 51, 52, 56, 58, 59, 66, 68e 70) are associated with dysplasia and invasive carcinomas. In oral cavity the most common subtypes of low risk are: (HPV - 11, 36 e 42), while the most common high-risk subtypes are: (HPV 16, 18 e 31). Given that HPV 6, 11, 16 e 18 are the most prevalent in Brazil in oral and genital lesions^{3,8,9,10,11}.

Thus, the presence of these viruses have been found in various lesions of the oral and nasal cavity, paranasal sinuses, the conjunctiva, the bronchial mucosa in the esophagus, the urethra, the anogenital tract, the skin, infection occurs when the virus penetrates the host by a loss of tissue integrity, viral particles which have direct access to the basal layer. The transformation of epithelium and the development of related lesions such as squamous cell papilloma, verruca vulgaris and *Condyloma acuminatum*, seem to be closely related to cellular permissivity region of incubation, the type of infecting HPV and the host immune response^{4,12}.

In the oral cavity, the tongue is the site of highest frequency of HPV injuries, we can also find on the palate, buccal mucosa, gums, lips, tonsils, uvula and floor of the mouth. The incubation period ranges from 2 to 8 weeks. The diagnosis of human papillomavirus in the oral mucosa is given by clinical examination, cytology, biopsy, immunohistochemical DNA hybridization, hybrid capture and PCR. A biopsy will only allow the histopathological study through which one can confirm and graduating injury, to identify the type of HPV is obtained only with PCR tests, in situ hybridization, hybrid capture^{3,6,12}.

The treatment of oral papillomavirus is conservative, requiring the complete removal of the lesion. Margin of safety is not mandatory. Injuries not usually treated not change over time. Conservative surgical excision is a

good choice, and also indicated the destruction by CO₂ laser, the electrocautery and cryosurgery^{13,14}.

This study aims to report the diagnostic and treatment of possible squamous papillomas in a child by conservative surgical excision.

2. CASE REPORT

Patient 40 years of age, black race, male, resident in the northwest of the state of Paraná state, smoker, makes use of alcohol, use full upper and lower dentures, you attend a Dental Clinic of Faculty Inga, looking dental treatment, reporting present "wart" in regial the "mouth Heaven" this for a month without changing in size during the period when he noticed the injury. In the anamnesis the patient reported that her oral hygiene was good and his professional activity is Mason, but reported that the youth worked in rural area.



Figure 1. Injury in the region of the soft palate, one tissue growth in the form of papule with micro projections on its surface whitish and warty appearance.

Intraoral clinical examination it was found a lesion in the soft palate, there was a tissue growth in the form of papule with micro projections on its surface whitish and warty appearance with probable diagnosis of leukoplakia (Figure 1).

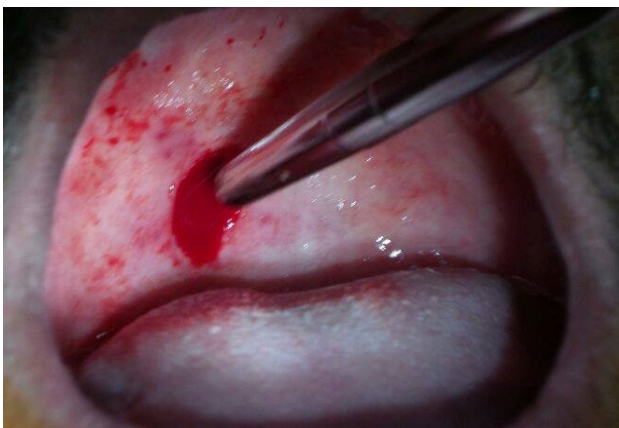


Figure 2. Lesion in the region of the soft palate, conservative surgical excision.

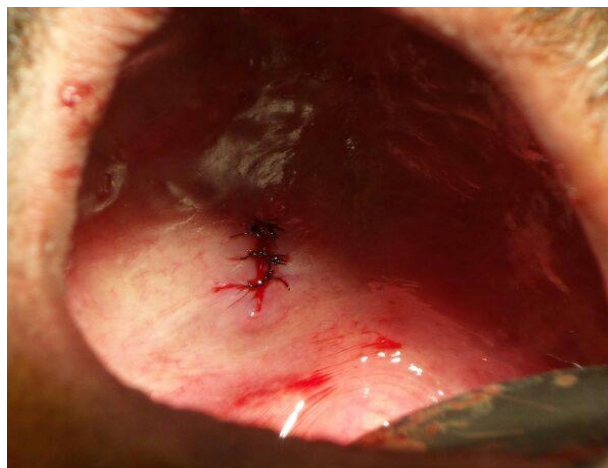


Figure 3. Suture pos conservative surgical excision.

The clinical diagnosis was of oral squamous papilloma or verruca vulgaris, probably from autoinoculation by previous injuries in the skin of the hands. Treatment for injury would be conservative surgical excision, mainly because the patient has developer profile to conventional surgical technique was used (Figure 2 and 3).

After radiographic and laboratory tests routine, surgical removal of the lesions with excisional biopsy and the biopsy fragment sent to the Pathology Laboratory of the Faculty Inga was held, which provided the report as C / C Papilloma (Figure 3).

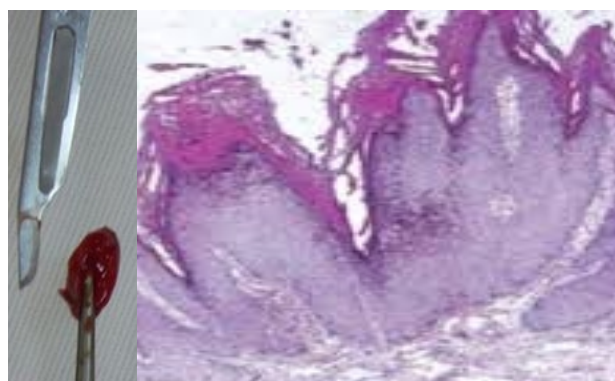


Figure 3. Tissue growth injury-shaped papule. hyperplastic epithelium stratified keratinized, with intense vacuolization and moderate hydropic projecting itself in the form of papule.

The patient returned for 7 days to removal points and evaluation of the healing process. The same was told to return within 1 month for new evaluation.

After 1 month of the surgical removal of the lesion was performed a reassessment which was observed the appearance of normal mucosal repair process (Figure 5), with absence of recurrence or painful symptoms.

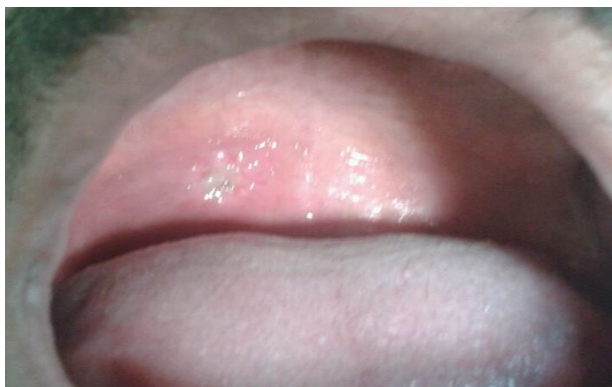


Figure 5. One month after tumor removal and evaluation of the healing process.

Two months after reaching the end of all dental treatment a new assessment was performed and there was complete formation of the healing process (Figure 5).



Figure 6. Two months after tumor removal and evaluation of the healing process.

3. DISCUSSION

Valuing Papilloma lesion, reported in the clinical case due to the relationship of the human papillomavirus, is the virus most sexually transmitted and very important in the pathogenesis of cervical cancer, accounting for approximately 10% of all cases of cancer in women in the world⁶. The biopsy diagnosis and allow the dentist, warn and instruct the patient on the ratio of its oral lesion with cancer, and cause it to be investigated in people who have contact, especially women^{1,2,3}.

Treatment modes such as surgical excision, electrocautery and laser vaporization by Design Guidelines Brazilian Medical Association and Federal Council of Medicine 12 Human Papillomavirus (HPV):

diagnosis and treatment can quickly remove the warts, but these procedures can be painful, are destructive and recurrences are common, occurring in the case of laser therapy for between 9% and 72% of case^{1,2}.

Being a sexually transmitted disease (STD), recommended to the assessment and treatment of sexual partners, condom use and clarification as to the oncogenic potential of the lesions. As there are not methods to eradicate the virus of the anogenital region and because of the potential for relapse, it is important medical follow-up after treatment¹⁴.

4. CONCLUSION

Clinical results obtained by the use of conventional surgical technique for removing squamous papillomas in 40-year-old patient was satisfactory. The technique has proven to be simple and safe. Moreover, patient discomfort is minimal and healing was rapid and effective. Despite being considered a traumatic technique proved to be feasible for the outpatient setting the dentist.

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