



A RARE CASE OF VERRUCOUS CARCINOMA OF THE DORSUM OF THE TONGUE

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<p>Article Info Received 15/02/2015 Revised 27/03/2015 Accepted 12/04/2015</p> <p>Key words: Verrucous carcinoma, Tongue</p>	<p>ABSTRACT A rare case of Verrucous carcinoma (VC) on the dorsum of the tongue is reported. VC is a variant of well differentiated squamous cell carcinoma. VC grows gradually and has a tendency of local invasion and hardly metastasises. This patient was treated with local excision. Surgical resection with sufficient safety margin is recommended.</p>
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INTRODUCTION

Verrucous carcinoma (VC) is a rare variant of well differentiated Squamous Cell Carcinoma. It is still rarer to encounter one on the tongue. There have been just 4 cases reported worldwide [3]. It is much rarer still to find it in the midline. This paper documents the presence of VC in the midline of the tongue and reviews the diagnosis and therapy.

CASE REPORT

A 63 year old gentleman, complained of a swelling on the dorsum of the tongue for three months. He was a chronic smoker with a Brinkman index of 600. On examination he had a diamond shaped verrucous growth on the dorsum of the tongue with its posterior edge at the circumvallate papilla. It had the dimensions of 2.5 cm * 1.5 cm. Edge biopsy of the lesion revealed Verrucous Carcinoma.

FNAC of the cervical lymph nodes did not reveal any metastases.

Preoperative TNM classification was T1N0M0.

The lesion was excised with a margin of 1 cm and the defect was closed primarily.

The histopathology revealed Verrucous carcinoma .

DISCUSSION AND CONCLUSION

VC is a variant of a well differentiated squamous cell carcinoma [4,7]. This carcinoma has been reported in the oesophagus, larynx, nasal cavity. In the oral cavity the buccal mucosa and the gingiva are common sites (IMAI et al, 1995). Most patients are elderly males with a history of smoking [4]. VC of the tongue are very rare (only 4 cases reported worldwide) and never been reported on the dorsum of the tongue [4,7].

The pathological diagnosis of a VC is not so difficult. Small superficial biopsies usually result in the diagnosis of hyperplasia or hyperkeratosis, acanthosis and benign papillomatosis by pathologists [1].

The most important pathological difference between Squamous Cell Carcinoma and VC is a good cytological differentiation throughout the tumour. Metastasis from VC to the neck lymph nodes are very rare



Figure 1. Clinical photograph showing verrucous carcinoma on the dorsum of the tongue



Figure 2. Photomicrograph showing verrucous carcinomatous lesion at 40 magnification.



(only 4 cases reported worldwide), hence, radical lymphnode dissection of the neck in case of VC of the oral cavity is not indicated [2,3]. Generally ultrasonography is very effective to detect lymph node metastases and an ultrasound guided FNAC is absolutely recommended to avoid redundant neck dissection of a VC patient. Complete resection of the tumour is the best treatment for VC.

Kawami et al [3] have not recommended radiation therapy as it would change the nature of tumour. However,

Hamamoto et al [3]; Tharp et al reported that anaplastic transformation of VC after radiation is not common and the radiosensitivity of VC is usually good.

Tanaka et al [3] reported the effectiveness of preoperative chemotherapy for advanced VC of the tongue, however, our patient came in early and resection was sufficient. In most cases surgery is the first choice of treatment for VC and chemotherapy/ radiotherapy have only a complimentary role to surgical procedure.

REFERENCES

1. Jadwiga Waskowska et al. (2012). Verrucous carcinoma of the tongue — a rare case study. *Central European Journal of Medicine*, 7(2), 145-148.
2. Chung-Jan Kang et al. (2003) Surgical Treatment of Oral Verrucous Carcinoma. *Chang Gung Medical Journal*, 26(11), 807-811.
3. Michiro Kawakami et al. (2004). Verrucous Carcinoma of the Tongue: Report of two cases. *Bulletin of the Osaka Medical College*, 50, 1-2, 19-22.
4. Ackerman LV. (1948). Verrucous carcinoma of oral cavity. *Surgery*, 23, 670-678.
5. Vilela FA, Trope BM, Gurfinkel PC, Piñeiro-Maceira JM, Ramos-e-Silva M. (2012). Verrucous carcinoma of the tongue. *Skinmed*, 10(3), 188-90.
6. Anjana Sadasivan, Krishnakumar Thankappan, Mayuri Rajapurkar, Sharankumar Shetty, Sreekala Sreehari, and Subramania Iyer. (2012). Verrucous lesions of the oral cavity treated with surgery: Analysis of clinico-pathologic features and outcome. *Contemp Clin Dent*, 3(1), 60–63.
7. Denise Tostes Oliveira, Renato Vieira de Moraes, Jorge Francisco Fiamengui Filho, João Fanton Neto, Gilles Landman, Luiz Paulo Kowalski. (2006). Oral verrucous carcinoma: a retrospective study in São Paulo Region, Brazil. *Clinical Oral Investigations*, 10(3), 205-209.