Verruciform xanthoma of the upper anterior gingiva

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Abstract:

Introduction: Verruciform xanthoma (VX) is a reactive oral mucosal lesion that can resemble other papillary conditions. Objective: To report a case of gingival VX clinically mimicking other papillary swellings. Case report: A 66-year-old female presented for evaluation of a painless papillary growth in the gingival margin of the upper right central incisor. Clinical diagnosis included papillary gingival hyperplasia and VX. An excisional biopsy was done and histology revealed a proliferative surface epithelium with papillary projections and CD68+ xanthomatous cells on the upper papillary superficial connective tissue. Diagnosis was VX and the patient remains in clinical follow-up with no signs of recurrence for 4 months. Conclusion: VX should be considered in the differential diagnosis of gingival papillary swellings.

Keywords: Gingiva; Xanthomatosis; Mouth Mucosa; Mouth Diseases.
INTRODUCTION

Verruciform xanthoma (VX) is an uncommon reactive papillary exophytic lesion first described in 1971. Clinicians usually do not include VX in the differential diagnosis of papillary growths affecting the oral mucosa and, as it can resemble infectious, reactive and potentially malignant/malignant disorders, it is advisable that this condition should be recognized and included as a differential diagnosis in this situation. The aim of the present study is to report a VX affecting the gingiva calling attention to the importance of considering this entity in the differential diagnosis of oral papillary swellings.

CASE REPORT

A 66-year-old Afro-American female was referred for evaluation of a painless papillary growth on the anterior gingiva lasting 15 days. Medical history included controlled systemic hypertension managed with hydrochlorothiazide and hydralazine. Oral examination revealed a 1.2 x 0.6 cm painless firm exophytic papillary slightly reddish growth in the free buccal gingival margin of the upper right central incisor (Fig. 1A).

Clinical differential diagnosis included papillary gingival hyperplasia, condiloma acuminatum and VX. An excisional biopsy was performed under local anesthesia and histological analysis of the 5 µm hematoxylin and eosin stained histological slides showed a proliferative parakeratinized stratified squamous epithelium with papillary surface and long and thin projections to the adjacent connective tissue (Fig. 2A and 2B). Xanthomatous cells with large vesicular and granular cytoplasm occupied the papillary superficial connective tissue (Fig. 2B and 2C).

Immunohistochemical analysis showed that these cells were CD68 positive (Fig. 2D), confirming their macrophage origin, and final diagnosis was VX. Post-surgical recovery was uneventfully and the patient remains in clinical follow-up without any signs of local recurrence for 6 months (Fig. 1B and 1C).

DISCUSSION

Most VX affect the oral cavity but some cases have been reported in the skin and other mucosal surfaces. Clinical presentation of oral VX usually includes painless isolated reddish to whitish exophytic papillary growths measuring less than 2.0 cm mostly affecting adult males. The most common oral locations are the gingiva, alveolar mucosa and palate and, although most
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