Oral Warts in a Male: an Interesting Case

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ABSTRACT

Human papilloma virus (HPV) constitutes the majority of newly acquired sexually transmitted infections. Nearly 75% of sexually active men and women have been exposed to HPV at some point in their life. Oral Sexual behaviour is an important contributor to infection of HPV in the oral mucosa. The appearance of lesions due to HPV infection range from common warts, palmer and planter warts to flat, filiform, genital warts and oral warts. We present here a case of oral warts which patient developed as a result of oral sex.

Keywords: Oral warts, Human Papilloma Virus

1. CASE REPORT

A 42 years male patient presented with complaint of some mass like lesions in mouth with mild soreness for last 2 months. It was initially of small size and slowly progressed to present size. There was no pain or bleeding from the lesion. There was no contributory past medical and surgical history. On specially asking about the intake of tobacco and alcohol, the patient told about the consumption of alcohol occasionally (once in a month or so). The history about any other systemic illness revealed nothing significant. On repeatedly asking further, patient’s wife revealed history of oral sex. On specially asking her about any lesions around her private parts, she told that there are small multiple skin lesions on her parts for which she has taken treatment from many local practitioners, but she got no relief. On examination, general physical examination revealed nothing significant. On oral examination, there was one mass, oval in shape, measuring approximately 1.3 cm anteroposteriorly on the right lateral border of tongue, pinkish white in colour, sessile with multiple small projections on its surface with no ulcerations over it (Fig.1). One more similar lesion with smaller size (6mm) was seen on the right side buccal mucosa near angle of mouth (Fig2). A differential diagnosis based on clinical findings was squamous epithelial papilloma, verruca vulgaris, or condyloma acuminatum. All routine lab investigations were normal. Screening for HIV was negative. The surgical excision of both lesions was done and tissue was sent for histopathological examination. Histopathological examination confirmed the diagnosis of Oral condyloma acuminatum. Polymerase Chain Reaction test was not done as it was costly and facility was not in our centre. Patient’s wife was referred to gynaecologist for proper evaluation and treatment.

2. DISCUSSION

Infection with Human papilloma virus (HPV) accounts for the majority of newly acquired sexually transmitted infections in United States, but in Indian population there is no HPV related data which can help to plot a strategy for its management. Nearly 200 different strains of HPV have been detected, most of which are harmless and more than 40 HPV types can infect genital and oral mucosa in both males and females. Out of all these, 9 are known to cause cancers. Two HPV types (6 and 11) have commonly been detected in patients with oral warts(1). The risk of HPV infection decreases with increasing age in women, while men on the other hand seem to have a constant risk for acquiring new HPV infections throughout their life(2,3). HPV infection is more strongly related to couples who practiced oral sex as compared to those who solely practiced vaginal sex(4). About 70% of oropharyngeal cancers are caused by HPV. Chaturvedi AK et al. in 2011 has found that more than half of cancers diagnosed in the oropharynx are linked to HPV type 16 in the United States(5). Majority of the cases of cervical cancer are caused by HPV. Two HPV types, 16 and 18, are responsible for about 70% of all cases(6). The choice of treatment is based on the number of lesions, their location, size and resources available. In case of few large lesions, surgical removal is indicated, especially when histological studies are required. Small and multiple lesions can be managed with the use of either TCA (60–90%), podophyllin resin (10–25%), or imiquimod (5% cream). In our case from the condition of the oral cavity and teeth, the lesion seems to be due to tobacco chewing. But when patient totally denied for tobacco chewing, then only we thought of some other cause. On repeatedly provoking patient’s wife gave history of oral sex and the lesions on her private parts could be diagnosed as genital warts, otherwise she could have seeking treatment for simple skin lesions.

3. CONCLUSION

Oral warts in men are not uncommon. Proper history and clinical examination can clinch the diagnosis. In patients of HPV infection, history about the sexual partner should be taken properly because if lesions remains undiagnosed can lead to disastrous outcome later on (as HPV is causative agent for oropharyngeal and cervical cancer as discussed earlier).

REFERENCES