



## Verrucous Carcinoma Tongue

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### Clinical Image

A 37-year-old gentleman presented with a 2-year history growth on the right side of the tongue with occasional pain over the growth. He was a habitual tobacco chewer and smoker for the past 20 years, and not an alcoholic. On examination, an exophytic mass with a whitish surface and multiple papillary projections was seen, involving the right lateral border of the tongue. The tongue showed no restricted mobility and was mildly indurated and tender to palpation. No enlargement of the cervical lymph nodes was detectable. Histopathological examination confirmed the clinical diagnosis of verrucous carcinoma. The patient underwent right partial glossectomy with supraomohyoid neck dissection and there was no recurrence at 1 year of follow-up. Verrucous carcinoma is a well-differentiated variant of squamous-cell carcinoma that is locally destructive, although it grows slowly and rarely metastasizes. Various names include Ackerman's tumor, Buschke-Loewenstein tumor, florid oral papillomatosis, epithelioma cuniculatum, and carcinoma cuniculatum. Human papillomavirus infection and smoking are the main recognized etiologic factors. Verrucous carcinoma typically has a heavily keratinized, or parakeratinized, irregular clefted surface with parakeratin extending deeply into the clefts. The prickle cell layers show bulbous hyperplasia, but, for a considerable time at least, the tumor has a well-defined lower border and basal lamina with minimal atypia. The prognosis of verrucous carcinoma is better than that of other kinds of life-threatening malignant tumors. Surgery is considered the primary mode of treatment for verrucous carcinoma (Figure 1).

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Figure 1: Verrucous growth over right lateral border of tongue.