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Case Report

Congenital Squamous Papilloma Localized at the Ankle and Hallux in a Baby: A Case Report

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Abstract

Introduction: Squamous papilloma is a benign epithelial tumor most commonly found in the oral mucosa. Neonatal occurrence and extraoral cutaneous localization are extremely rare. We report a case of congenital squamous papilloma localized at the ankle and hallux in a baby.

Case Presentation: A 45-day-old female infant presented with two painless exophytic masses since birth one located on the left ankle and the other on the left hallux. Complete surgical excision of both lesions was performed under general anesthesia. Histopathological examination revealed an exophytic proliferation of stratified squamous epithelium forming fibrovascular papillary projections covered by keratinized epithelium, confirming the diagnosis of congenital squamous papilloma. The postoperative course was simple with no recurrence.

Conclusion: Neonatal squamous papilloma is a rare entity and its localization in the lower limb is exceptional. Diagnosis is based on histopathological findings. Complete surgical excision is the treatment and provides an excellent prognosis.

Keywords: Congenital squamous papilloma, Lower limb, Ankle, Hallux, Surgical excision, Chad

Introduction

Squamous papilloma is a benign epithelial proliferation characterized by exophytic papillary projections supported by fibrovascular cores and covered by keratinized squamous epithelium [1,2]. It most frequently occurs in the oral cavity particularly on the tongue, soft palate, and lips, accounting for about 2.5% of all benign oral lesions [1]. This lesion is often associated with infection by low-risk Human Papilloma Virus (HPV) types 6 and 11 [2,3]. However, congenital or neonatal forms are extremely rare and extraoral localizations especially on the lower limbs are exceptional. We report a case of congenital squamous papilloma localized at the ankle and hallux in a baby, an uncommon presentation that highlights the importance of histopathological confirmation and conservative surgical management.

Case Presentation

A 45-day-old female neonate was referred to our pediatric surgery department for evaluation of two exophytic masses present since birth. The first lesion was located on the lateral aspect of the left ankle and the second on the dorsal surface of the left hallux. Both masses were painless, soft, non-inflammatory and measured approximately 1.5 cm in diameter (Figure 1). There was no family

history of similar lesions and the pregnancy and delivery had been uneventful. The remainder of the physical examination was normal and no other cutaneous abnormalities were observed. Under general anesthesia, complete excision of both lesions was performed (Figure 2). The excised specimens were sent for histopathological analysis. Microscopic examination revealed a benign exophytic proliferation composed of multiple fibrovascular papillary projections lined by keratinized stratified squamous epithelium without cellular atypia or abnormal mitosis (Figure 3). No koilocytotic changes were identified. These findings were consistent with congenital squamous papilloma. The postoperative recovery was simple. No recurrence was noted after three months of follow-up.

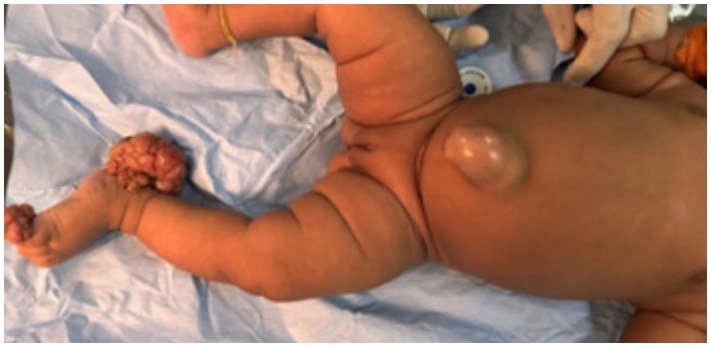

Figure 1: 45-day-old infant presenting with two masses located at the ankle and the hallux.

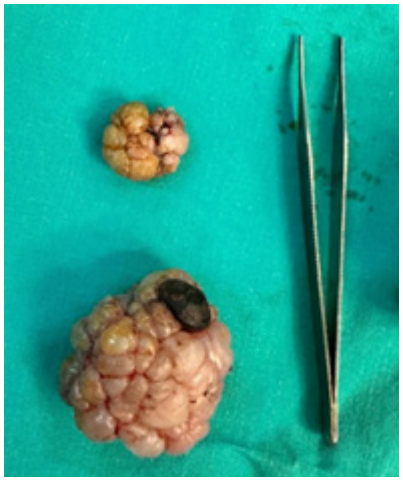

Figure 2: The two masses after surgical excision.

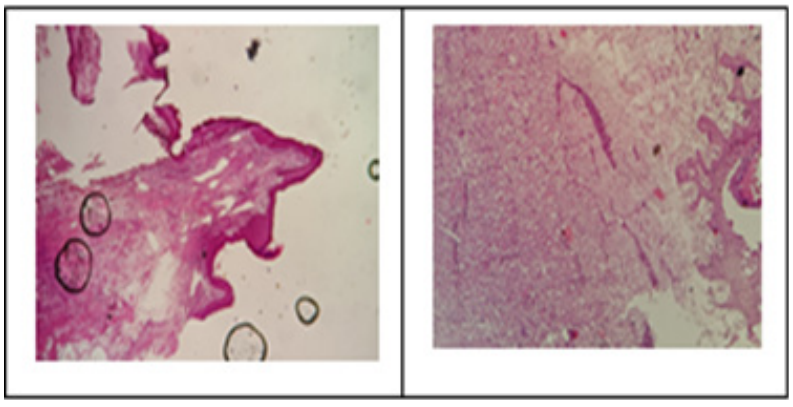

Figure 3: Stratified squamous epithelium with papillary hyperplasia, surface erosion, and localized suppurative inflammation.

Discussion

Congenital or neonatal squamous papilloma is extremely rare. Most papillomas arise during childhood or adulthood with predilection for the oral mucosa and larynx [1,2]. Extraoral or cutaneous presentations in neonates have been described only in isolated case reports [4-6]. The etiology of congenital squamous papilloma remains uncertain. Some authors suggest a vertical transmission of HPV during pregnancy or delivery while others consider these lesions as hamartomatous proliferations unrelated to viral infection [3,5,7]. In our case, there was no evidence of HPV infection or maternal lesions which supports the congenital hamartomatous hypothesis. Histologically, squamous papilloma exhibits fibrovascular cores covered by acanthotic keratinized squamous epithelium sometimes showing koilocytosis when HPV-related [1,2]. In neonates, the histologic features are identical to those in adults although viral inclusions are rarely seen [5]. The differential diagnosis includes verruca vulgaris, fibroepithelial polyp, cutaneous hamartoma and congenital hamartomatous polyp of the extremities [8]. Levy, et al. [8] reported a series of congenital hamartomatous polyps of the lower extremities that can mimic squamous papilloma both clinically and macroscopically. However histological examination distinguishes them by the disorganized proliferation of epithelial and mesenchymal tissues lacking the papillary fibrovascular structure typical of squamous papilloma. The treatment of choice is complete surgical excision which is curative and allows histopathologic confirmation [2,4,6]. Incomplete excision may lead to recurrence although this is extremely rare. Other therapeutic modalities used in older patients such as electrocautery, cryotherapy or CO_2 laser. Those therapeutic modalities are not recommended in neonates due to potential tissue damage [2,3,6]. Postoperative prognosis is excellent with no malignant transformation reported in congenital cases [4,5]. Our patient had a favorable outcome with complete healing and no recurrence at follow-up.

Conclusion

Congenital squamous papilloma i a benign and rare epithelial lesion in neonates. Localization on the lower limb is exceptional. The diagnosis relies on histopathological features that distinguish it from hamartomatous or viral lesions. Complete surgical excision remains the treatment of choice and ensures an excellent prognosis.

Acknowledgments

None.

Conflict of Interest

None.

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