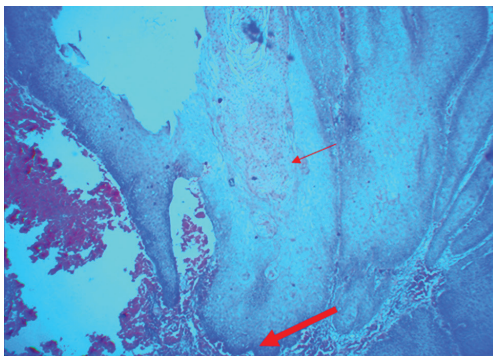




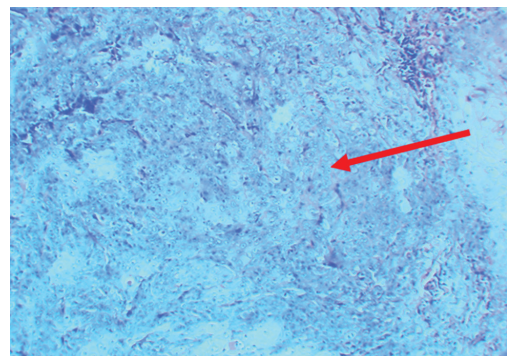
## Masquerading verrucous carcinoma: A pathologist's & surgeon's dilemma



**Fig. 1.** Clinical image showing single, exophytic cauliflower-like whitish-pink-coloured, well-defined growth on the left buccal mucosa approximately measuring 3 × 3 cm in size extending to the buccal vestibule.



**Fig. 2.** Photomicrograph of the incisional biopsy showing stratified squamous epithelium with papillary masses, keratin plugging (thin red arrow) and blunt and broad rete pegs with underlying chronic inflammatory cells (thick red arrow) in the connective tissue (H and E, ×4).



**Fig. 3.** Photomicrograph of the excisional biopsy showing dysplastic epithelium proliferating into the connective tissue (red arrow) suggestive of papillary squamous cell carcinoma (H and E, ×40).

An 80 yr old male<sup>†</sup> presented to the department of Oral & Maxillofacial Surgery, AB Shetty Memorial Institute of Dental Sciences, Mangaluru, Karnataka,

India, in March 2018, with a slow-growing (two years), single, whitish-pink, well-defined, exophytic growth on the left buccal mucosa approximately

<sup>†</sup>Patient's consent obtained to publish clinical information and images

3 × 3 cm in size (Fig. 1). On palpation, the lesion was tender, firm in consistency, with irregular surface, no fixity and no palpable lymph nodes. A provisional diagnosis of verrucous carcinoma was made which was confirmed on incisional biopsy (Fig. 2), and the patient was taken up for wide excision and reconstruction with local flap. However, to our surprise, histopathology of this innocuous lesion revealed features of papillary squamous cell carcinoma (Fig. 3). The patient underwent radiotherapy and was on regular follow up; however, in March 2019, he reported with recurrence. Verrucous carcinoma can pose a diagnostic dilemma for both surgeon and pathologist. Histopathologic

grading and interdisciplinary discussions may help in preventing over- or under-treatment.

**Conflicts of Interest:** None.

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