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CASE FOR DIAGNOSIS

Flat Papules on the Lip of a Young Adult

Pápulas planas labiales en un adulto joven

Medical History

The patient was a 21-year-old Paraguayan man who had been resident in Spain for 4 months. He had a history of Chagas disease and consulted for asymptomatic lesions on the lips that had been present since age 10. Lesions were stable and permanent, and new ones appeared periodically on the upper and lower lips. No other member of the patient's family had similar lesions, his oral hygiene was good, and he had never smoked.

Physical Examination

Flat, smooth, mucosa-colored papules with well-defined borders were observed on both lips; the papules were not infiltrated and measured 0.2 to 0.8 cm in diameter, producing a cobblestone appearance (Figures 1 and 2). Soft papules of less than 0.5 cm were present at the angle of the mouth on each side. No lesions were observed in the oral cavity or on other parts of the body.



Figure 1

Additional Tests

Routine blood tests including a complete blood count and biochemistry were normal, human immunodeficiency virus serology was negative, and a swab for viral polymerase chain reaction was positive for human papillomavirus (HPV) type 11.

Histopathology

A biopsy revealed labial mucosa with viral koilocytic changes, compatible with condyloma (Figure 3).



Figure 2

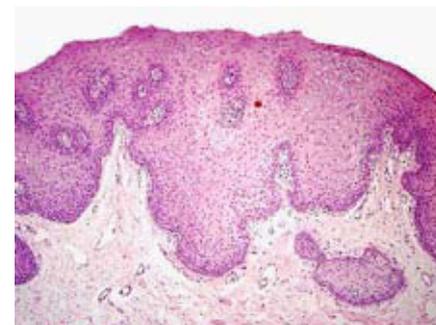


Figure 3 Hematoxylin-eosin, original magnification $\times 100$.

What Is Your Diagnosis?

Diagnosis

Heck disease or focal epithelial hyperplasia.

Clinical Course and Treatment

Given the benign nature of the lesions and the absence of symptoms, the patient agreed not to follow any treatment. The lesions persisted but the patient experienced no discomfort.

Discussion

Heck disease or focal epithelial hyperplasia is a disorder that is becoming more common in Spain because of increasing immigration from Latin America. It is a benign disease of the oral mucosa that has a clear racial predisposition and mainly affects native Americans and Eskimos,¹ particularly children and young adults.

The disease is caused by HPV infection; 90% of cases are due to genotypes 13 and 32,^{2,3} and other types, including 1, 6, 11, 13, 16, 18, 34, and 55, are detected more rarely. There is an association with the histocompatibility antigen (HLA), with 86% of patients being HLA-DR4 positive. Most patients have relatives with the disease and live in disadvantaged social environments with poor hygiene. Therefore the disease is currently believed to be caused by viral infection in susceptible patients (children, HLA-DR4) in conditions that favor spread of the disease among cohabitants.⁴

Clinically, it is characterized by confluent, flat papules, with a cobblestone appearance, or exophytic, verrucous lesions that are the color of mucosa and asymptomatic. The disorder most commonly affects the lower lip, followed by the upper lip, tongue, and buccal mucosa.² Lesions on the genital and anal mucosa are rare.

Histology revealed parakeratosis, marked acanthosis, and abundant koilocytes (Figure 3). More than 80% of affected keratinocytes had 2 nucleoli or more, and cells that simulate mitosis (mitosoid cells) were occasionally observed.⁴

The differential diagnosis should include condyloma, oral florid papillomatosis, white sponge nevus, and lesions resulting from bites.

Numerous therapeutic approaches have been tested, the majority with poor results. Treatments include surgical excision, cryotherapy, electrocoagulation, carbon dioxide laser, diode laser, topical interferon beta, and topical imiquimod,⁵ which is perhaps the most acceptable. Most authors agree that prescribing no treatment is a valid option, given the absence of symptoms and the tendency of the lesions to resolve spontaneously.

We report a case of Heck disease caused by a rare genotype (HPV type 11). It is important to recognize this pathology, typical of young Latin Americans, and to distinguish it from condyloma, particularly in minors because of the implications.

References

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