A 49-year-old man who was positive for the human immunodeficiency virus (HIV) and had type 2 diabetes presented with multiple papillary lesions in his mouth and throat. The lesions had initially developed 10 years before presentation and had progressively increased in size and number. He had undergone numerous evaluations but had never received a formal diagnosis or treatment. Clinical examination revealed multiple light-pink, pedunculated lesions of various sizes, with a cauliflower-like surface, involving the lips (Panel A, lesions of the upper and lower lip), oral mucosa (Panel B, lesions of the buccal mucosa), and oropharynx. Pathological examination of biopsy specimens from the labial and buccal mucosa showed that the lesions were consistent with squamous papilloma, and immunohistochemical staining for the human papillomavirus (HPV) was positive. The patient was subsequently lost to follow-up. Although the florid papillomatosis illustrated here can be encountered in patients with HIV, solitary squamous papillomas are common in the general population. Certain HPV types that cause infection in the oropharynx, such as HPV-16, are associated with malignant transformation.

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