

# Esophageal squamous papilloma

Seham M. Seif<sup>a</sup>, Ahmed Y. Altonbary<sup>a</sup>, Wagdi F. Elkashef<sup>b</sup>

<sup>a</sup>Department of Hepatology and Gastroenterology, Mansoura Specialized Medical Hospital, <sup>b</sup>Department of Pathology, Mansoura Faculty of Medicine, Mansoura, Egypt

Correspondence to Seham Mohamed Seif, Mansoura Faculty of Medicine, Mansoura 35516, Egypt  
Tel: 01221257900  
e-mail: sehamon1997@yahoo.com

**Received** 01 November 2014

**Accepted** 10 November 2014

**The Egyptian Society of Internal Medicine**  
2015, 27:40–41

Squamous papilloma of the esophagus is a rare benign tumor with less than 200 cases reported in the literature. The etiology and pathogenesis appear to be related to an inflammatory–reparatory type, such as chronic gastroesophageal reflux, esophagitis, trauma, chemical irritants, and viruses. We present the case of a young female patient with esophageal squamous papilloma discovered accidentally during screening upper gastrointestinal endoscopy.

## Keywords:

esophagus, human papillomavirus, squamous papilloma

Egypt J Intern Med 27:40–41

© 2015 The Egyptian Society of Internal Medicine  
1110-7782

## Introduction

Squamous papilloma of the esophagus is a rare benign tumor with less than 200 cases reported in the literature [1]. The prevalence of endoscopically diagnosed papilloma of the esophagus has been reported in only a few series and varies from 0.01 to 0.43% [2], and only seven squamous papillomas of the esophagus were recognized in 52 148 autopsies (0.013%) reported up to 1968 [3]. In addition, a case of squamous cell papillomatosis of the esophagus has been described in a patient following placement of a self-expanding metal stent [4].

## Case report

A 46-year-old woman presented to our unit for screening upper gastrointestinal endoscopy before interferon therapy. The patient had chronic hepatitis

C with mild splenomegaly. The endoscopy revealed a diminutive polypoid lesion in the upper third of the esophagus (Fig. 1), which was removed with biopsy forceps (Fig. 2). Histological examination of the specimens was compatible with esophageal squamous papilloma with no evidence of viral inclusions (Figs. 3 and 4).

## Discussion

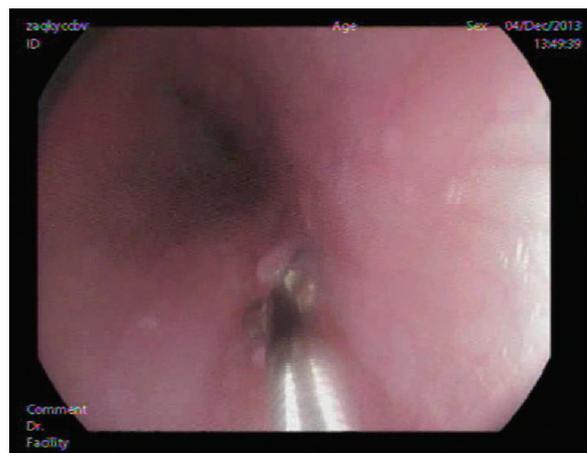
Esophageal squamous papilloma is an uncommon benign squamous epithelial polypoid tumor and is usually identified as a solitary lesion of the lower esophagus [5]. The etiology and pathogenesis of esophageal squamous papilloma appear to be related to an inflammatory–reparatory type, such as chronic gastroesophageal reflux, esophagitis, trauma, chemical irritants, and viruses [6]. Their malignant potential is still unclear, and it has been proposed that human

Figure 1



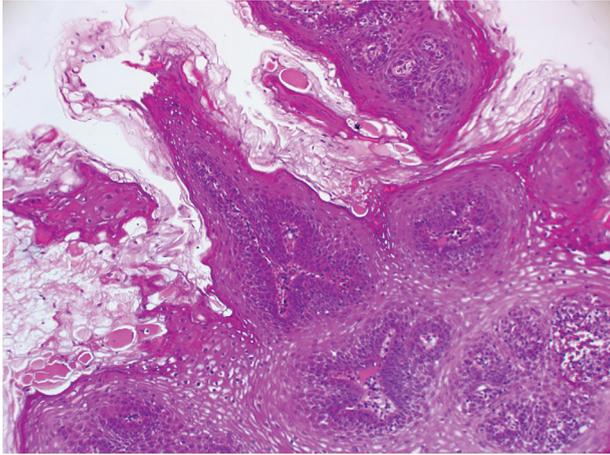
Endoscopic image showing a diminutive polypoid lesion in the upper third of esophagus.

Figure 2



Endoscopic image showing removal of the lesion with biopsy forceps.

Figure 3



Hyperplastic stratified squamous epithelium with hyperkeratosis.

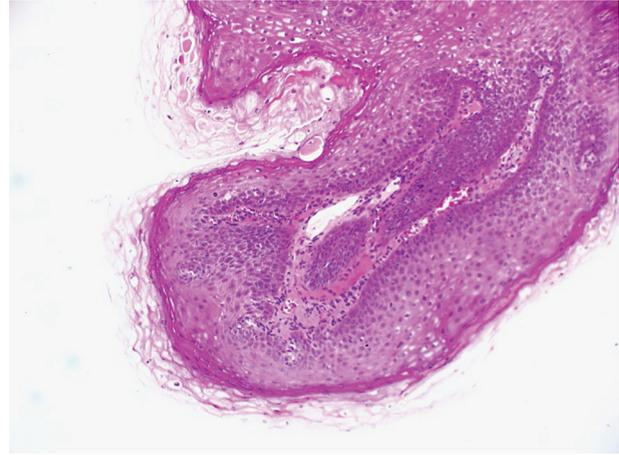
papillomavirus plays an etiopathogenic role; however, human papillomavirus is not consistently identified [7]. It occurs in patients across a wide age range, mostly in adults aged between 18 and 80 years, with an average of 50 years at the time of diagnosis [6]. Generally, a papilloma appears as a single, round, mulberry-like or dome-shaped elevated solid formation that is well-distinguished from the surrounding tissue. Some authors have reported multiple lesions, but only a few cases of esophageal papillomatosis have been reported [8,9]. Follow-up is still rather insufficient in the literature. Thirty-five patients were followed up from 2 weeks to a maximum of 4 years. In two of them, the papilloma gradually disappeared and reached complete regression without special treatment. Two other papillomas had grown in diameter during the period of 6 months and 3 years. Three lesions recurred after 2, 6 months, and 1 year from endoscopic removal [10].

### Acknowledgements

#### Conflicts of interest

There are no conflicts of interest.

Figure 4



Polypoid lesion covered by hyperplastic stratified squamous epithelium. The connective tissue core showing mild inflammatory reaction.

### References

- 1 Katsanos KH, Christodoulou DK, Tsianos EV. Esophageal squamous papilloma. *Ann Gastroenterol* 2005; 18:456–457.
- 2 Mosca S, Manes G, Monaco R, Bellomo PF, Bottino V, Balzano A. Squamous papilloma of the esophagus: longterm follow-up. *J Gastroenterol Hepatol* 2001; 16:857–861.
- 3 Attah EB, Hajdu SI. Benign and malignant tumors of the esophagus at autopsy. *J Thorac Cardiovasc Surg* 1968; 55:396–404.
- 4 Karras PJ, Barawi M, Webb B, Michalos A. Squamous cell papillomatosis of the esophagus following placement of a self-expanding metal stent. *Dig Dis Sci* 1999; 44:457–461.
- 5 Kato H, Orito E, Yoshinouchi T, Ueda R, Koizumi T, Yoshinouchi M, Mizokami M. Regression of esophageal papillomatous polyposis caused by high-risk type human papilloma virus. *J Gastroenterol* 2003; 38:579–83.
- 6 Orlowska J, Jarosz D, Gugulski A, Pachlewski J, Butruk E. Squamous cell papillomas of the esophagus: report of 20 cases and literature review. *Am J Gastroenterol* 1994; 89:434–7.
- 7 Talamini G, Capelli P, Zamboni G, Mastromauro M, Pasetto M, Castagnini A, *et al.* Alcohol, smoking and papillomavirus infection as risk factors for esophageal squamous-cell papilloma and esophageal squamous-cell carcinoma in Italy. *Int J Cancer* 2000; 86:874–8.
- 8 Brinson RR, Schuman BM, Mills LR, Thigpen S, Freedman S. Multiple squamous papillomas of the esophagus associated with Goltz syndrome. *Am J Gastroenterol* 1987; 82:1177–9.
- 9 Fekete F, Chazouilleres O, Ganther V. Esophageal papillomatosis in the adult: a case report with a survey of the literature. *Dis Esophagus* 1989; 2:51–56.
- 10 Kawaura Y. Squamous cell papilloma of the esophagus: report of 17 cases and review of the literature. *Esophagus* 2005; 2:161–164.