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 women 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).

Introduction
Squamous papilloma of the esophagus 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. 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

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.
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].

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Conflicts of interest
There are no conflicts of interest.

References