

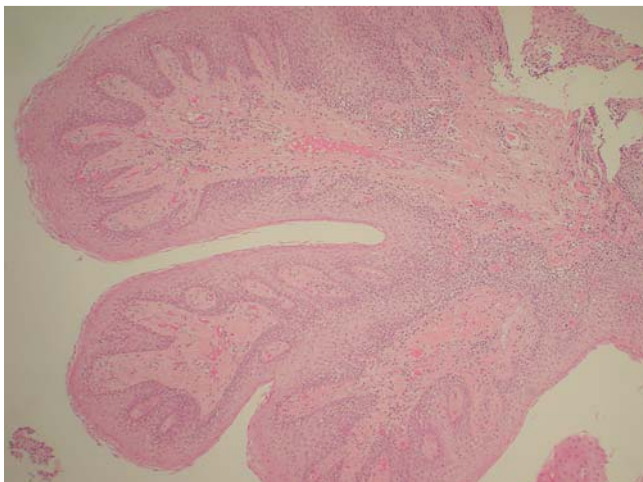
## Squamous papilloma: an unusual esophageal entity



**Fig. 1** Wart-like lesion from patient 1 on endoscopy.



**Fig. 2** Endoscopic image of lesion in patient 2.



**Fig. 3** Histopathological findings showing the typical branching core of lamina propria producing frond-like structures that are covered by squamous epithelium (Hematoxylin and eosin; magnification,  $\times 40$ ).

We describe a case series of two patients who underwent esophagogastroduodenoscopy (EGD) for different indications. The first case is a 61-year-old man who presented with symptoms of intermittent dysphagia to solids for 2 months. EGD showed a 1.5-cm exophytic mass in the distal esophagus (▶ **Fig. 1**). The lesion was removed with jumbo biopsy forceps. Pathology was consistent with squamous cell papilloma of the esophagus. Special stain was negative for human papilloma virus DNA in the lesion. Follow-up EGD was performed 3 months later, which showed normal-appearing mucosa. The patient improved symptomatically with no further complaints of dysphagia.

The second case is a 56-year-old man referred for EGD for abdominal pain and nausea. He did not report dysphagia. He had a past history of tobacco and alcohol use. EGD showed a nodular lesion at 30 cm from the incisors (▶ **Fig. 2**), which was removed. Pathology showed squamous papilloma without dysplasia. Squamous papilloma of the esophagus is a rare benign lesion of the esophagus. The prevalence ranges from 0.01% to 0.45% [1]. Squamous papilloma of the esophagus is usually asymptomatic and rarely causes dysphagia. This entity presents as a wart-like lesion, most commonly in the middle and distal esophagus, and can be removed endoscopically [2].

The underlying etiology is unclear, but chronic reflux disease, mucosal trauma, and human papillomavirus (HPV) infection have been implicated, although most lesions are found to be HPV negative [2, 3]. Histologically there are three different forms. The most common form has a branching core of lamina propria producing fronds that are covered by squamous epithelium (▶ **Fig. 3**). Occasionally the squamous epithelium has koilocytotic changes with crinkled nuclei surrounded by clear cytoplasmic halos resembling the squamous cells of condylomas [2]. The malignant potential of the lesion is unknown, and no guidelines exist regarding follow-up of these lesions. Long-term follow-up studies have suggested removing the lesion endoscopically. Recurrence is uncommon.

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**Competing interests:** None

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**Bibliography**

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