Esophageal papillomatosis complicated by squamous cell carcinoma

A 64-year-old woman was referred for investigation of a thickened esophagus on computed tomography (CT) scanning. She had no upper gastrointestinal symptoms, in particular, any dysphagia or weight loss. Nine years previously she had undergone a bone marrow transplant for myelodysplasia for which she was taking 5 mg prednisolone. Endoscopy with a GIF-Q180 gastroscope (Olympus, Tokyo, Japan) demonstrated a circumferential area of multiple confluent papules extending for 5 cm in the mid-esophagus, with a 2-cm nodule at its distal border. The remainder of the esophagus was normal (● Fig. 1, ● Video 1). Histological examination revealed atypical squamous epithelial proliferation, consistent with papillomatosis, and evidence of invasive squamous cell carcinoma in the nodule (● Fig. 2, ● Video 1). Studies to identify human papillomavirus (HPV) as potential etiology were not performed. The patient has been referred for chemoradiotherapy. Esophageal papillomatosis is a rare endoscopic finding with an unclear etiology. It has been associated with both HPV and reflux disease [1]. The etiology in our patient may be related to HPV infection secondary to long-term immunosuppression. The typical endoscopic appearance is a single, round, sessile lesion. However, our case, similar to other reports, demonstrates that it might present with multiple lesions [2,3]. Early reports suggested that this was a benign condition and endoscopic surveillance was unnecessary [4]. However as our case demonstrates, confirming other reports, esophageal papillomatosis should be considered a premalignant condition with the potential for squamous cell carcinoma development [2,3]. Interestingly, the reported cases of carcinoma have involved extensive rather than isolated lesions.

Small isolated lesions have been successfully treated with endoscopic resection [5]. Due the paucity of reported cases, the best clinical management of extensive papillomatosis remains unclear. If no specific treatment is undertaken, surveillance

Fig. 1 Endoscopic images of the esophagus in a 64-year-old woman referred for a thickened esophagus on computed tomography (CT) scan. **a** Multiple confluent papules with circumferential involvement of mid-esophagus. **b** A discrete nodule at the distal border.

Fig. 2 **a** Histological section from a biopsy specimen from one of the papules demonstrating atypical squamous epithelial proliferation consistent with papillomatosis. **b** Histological section from the distal nodule demonstrating invasive squamous cell carcinoma.

endoscopy should be considered, given the potential for malignant development. The exact surveillance strategy, however, is not known.

Endoscopy_UCTN_Code_CCL_1AB_2AC_3AB

Competing interests: None

Video 1

Gastrosocopy demonstrated a mid-esophageal circumferential area of multiple confluent papules and a 2-cm nodule at the distal border of the confluent area. Histological examination revealed atypical squamous epithelial proliferation consistent with papillomatosis and invasive squamous cell carcinoma in the nodule.

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DOI <http://dx.doi.org/10.1055/s-0031-1291599>
Endoscopy 2012; 44: E110–E111
 © Georg Thieme Verlag KG
 Stuttgart · New York
 ISSN 0013-726X

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