Verruciform xanthoma of the esophagus: an uncommon entity in an unusual site

Fig. 1 Esophagogastroscopy showing a small, elevated, granular/verrucoid pink-yellowish lesion, 3 mm in diameter, in the mucosa of the upper third of the esophagus.

A 49-year-old man was admitted for medical examination because of epigastric discomfort. Esophagogastroscopy revealed a small, elevated, verrucoid pink-yellowish mucosal lesion, 3 mm in diameter, in the upper third of the esophagus (**Fig. 1**).

Low power histological examination revealed an exophytic lesion resembling a squamous papilloma, with the typical papillomatosis, acanthosis, and hyperparakeratosis of the esophageal squamous epithelium (**Fig. 2a**).

At higher magnification, neutrophilic intraepithelial exocytosis was observed, and the subepithelial connective tissue appeared infiltrated by clear cells with foamy cytoplasm and small nuclei with no atypia (**Fig. 2b,c**). At immunohistochemistry, the foamy cells were negative for cytokeratins, s-100 protein, and CD1a, while CD68 was strongly positive (**Fig. 2d**), indicating the histiocytic nature of the cells. The histological and immunohistochemical features allowed making a diagnosis of verruciform xanthoma of the esophagus.

Verruciform xanthoma is a lesion characteristically described in the oral cavity and genital skin [1]. It is usually solitary, but cases of multifocal lesions have been reported [1]. The main histological feature is the presence of foamy histiocytes in the subepithelial stroma of a squamous epithelium displaying papillomatosis, acanthosis, and hyperkeratosis, as observed in papillomatous/verrucous lesions. Intraepithelial neutrophilic infiltration is another hallmark. The etiology is still unknown, most cases being unrelated to a viral infection. The presence of human papilloma virus in the epithelial cells has been demonstrated in only two reported lesions in the oral mucosa [2] and scrotum [3]. To the best of our knowledge, our case represents the second description in the English literature of verruciform xanthoma in the esophagus [4].

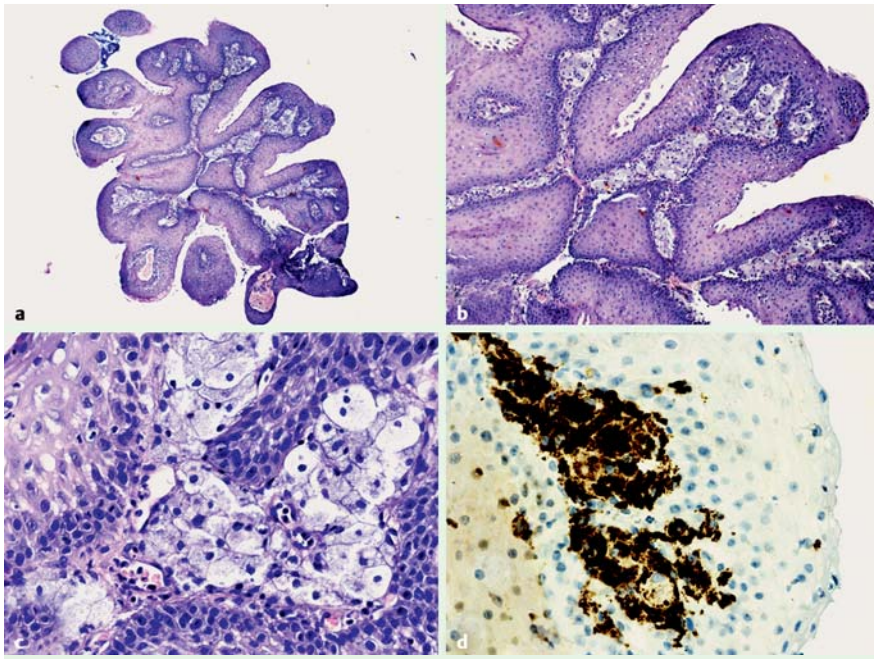

Fig. 2 **a** Low power histological section showing papillomatosis, acanthosis, and hyperparakeratosis of the squamous epithelium, as usually seen in squamous papilloma (hematoxylin and eosin, original magnification × 40). **b, c** At higher magnification, the subepithelial connective tissue appears infiltrated by clear cells with foamy cytoplasm and small nuclei with no atypia (hematoxylin and eosin, original magnification: **b** × 200; **c** × 400). **d** There is diffuse and strong positivity for CD68 on immunostaining (original magnification × 400).

Competing interests: None

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S. Licci[1], S. M. A. Campo[2], P. Ventura[1]

[1] Department of Pathology, Santo Spirito Hospital, Rome, Italy

[2] Gastroenterology Unit, Nuovo Regina Margherita Hospital, Rome, Italy

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Corresponding author

Dr. S. Licci
Department of Pathology
Santo Spirito Hospital
Lungotevere in Sassia, 1
00193 Rome
Italy
Fax: +39-06-68352491
stefano.licci@hotmail.it