Esophageal squamous papilloma (ESP) is a rare and benign epithelial lesion occurring typically in adults aged 50 and over [1]. We report three children under 15 years who presented a single esophageal papilloma. For each patient, the lesion was asymptomatic, had no history of gastroesophageal reflux (GER) or esophagitis, and was an incidental finding at esophagogastroduodenoscopy. The lesion appeared as a small sessile or pedunculated, mutilobulated, and verrucous polyp with fingerlike projections located in the mid or lower esophagus (Fig. 1). Biopsies confirmed the diagnosis of papilloma, showing papillary projections of a fibrovascular core covered by squamous epithelium (Fig. 2). There was no dysplasia, and human papillomavirus (HPV) infection could not be detected. Expression of p16INK4a, a marker for premalignant and malignant lesions of the squamous epithelia, was normal. The ESPs were removed with regular biopsy forceps. Endoscopy 6 months later in one patient showed no relapse.

The etiology of ESP remains unclear. Chronic esophageal inflammation such as GER-induced esophagitis or direct trauma (caused, for example, by nasogastric tubes, dilations, or stents) may play a role [2,3]. The role of HPV infection in the pathogenesis of ESP remains controversial: HPV is shown to be detected (by in-situ hybridization or polymerase chain reaction) in 0%–87% of papillomatous tissue [2,4]. Although HPV has been linked to the pathogenesis of the larynx and cervical cancer, previous reports of isolated ESP did not identify any risk of progression to malignancies [5]. Furthermore, when found, HPV strains generally correspond to low-risk HPV genotypes [4]. Overexpression of the protein p16INK4a, involved in the regulation of the cell cycle and in cervical HPV-linked dysplasia, was not found in ESPs [4].

Since ESPs are extremely rare in children, there is no clear consensus regarding their management. However, ESP can be considered a benign lesion with uncommon recurrence. A solitary ESP < 10 mm should be removed with a regular biopsy forceps for histological study. Whether HPV and p16INK4a detection are useful in clinical practice remains unknown.

Competing interests: None

References


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Fig. 1 Endoscopic views of an esophageal squamous papilloma (ESP): a ESP in the mid esophagus of a 15-year-old boy having esophagogastroduodenoscopy (EGD) for dyspepsia; b ESP in a 14-year-old girl having EGD for suspected celiac disease; c ESP in the lower esophagus of a 10-year-old boy with celiac disease.

Fig. 2 Microscopic view of the papilloma. Papillary projections of tissue are lined by a stratified squamous epithelium and a fibrovascular core (hematoxylin and eosin, × 50).

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