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, the patient had no history of gastroesophageal reflux (GER) or esophagitis, and the lesion 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 (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: the role of HPV infection in the pathogenesis of ESP remains controversial: 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 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 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].

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References


Corresponding author

J. Rebeuh, MD
Division of Pediatric Gastroenterology
Sainte-Justine Hospital
3715 Côte Sainte Catherine
Montreal
Quebec
Canada
Fax: +1-514-345-4999
julie-laure.rebeuh@umontreal.ca