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 5mg 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.

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.

Endoscopy_UCTN_Code_CCL_1AB_2AC_3AB

Competing interests: None

Video 1

Gastroscopy 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.
References


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Bibliography

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