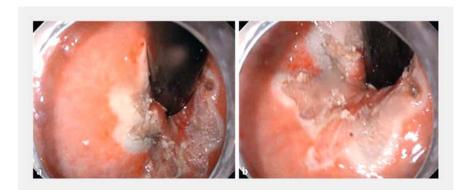
Endoscopic mucosal resection of rectal squamous cell papilloma



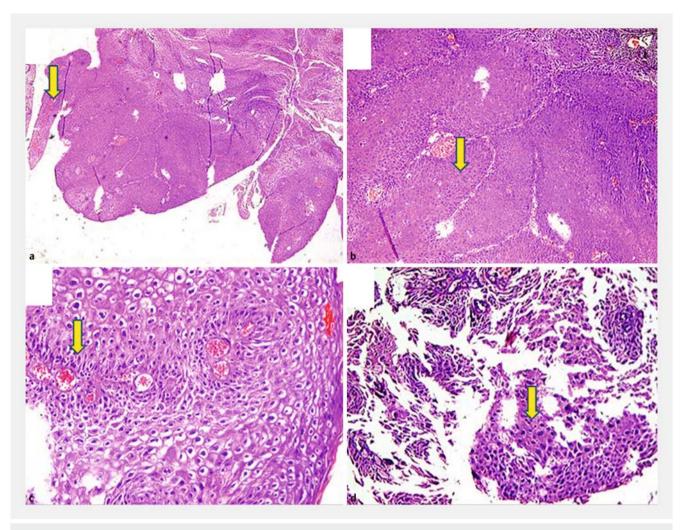
▶ Fig. 1 Endoscopic view of squamous cell papilloma of the rectum using white light (a,c,d) and narrow-band imaging (b,e).

A 22-year-old male patient presented with a 3-month history of persistent, colicky, lower abdominal pain. He was referred for colonoscopy. Total colonoscopy showed multiple small-to-medium sized pale pink, nonulcerated, polypoid lesions in the distal part of the rectum, occupying most of the circumference (**Fig. 1**).

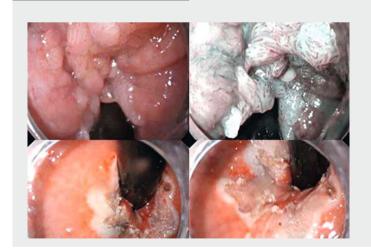
The patient's medical history was not significant. After discussing his sexual history, he mentioned having a male partner for 2 years. Basic investigations were carried out, including human immunodeficiency virus serology; they were all nega-



▶ Fig. 2 Complete endoscopic mucosal resection of squamous cell papilloma.



► Fig. 3 Histopathological examination. a, b Hyperplastic stratified squamous epithelium with keratosis, vascular cores (a, arrow), and epitheliosis (b, arrow). c Squamous cell papilloma (SCP) with mild atypia (arrow). d SCP with focal moderate atypia (arrow).



▶ Video 1 Endoscopic mucosal resection of rectal squamous cell papilloma.

tive. After discussing the treatment options with the patient, endoscopic mucosal resection of the lesions was performed (> Fig. 2, > Video 1). Histopathological examination showed squamous cell papillomatosis of the rectum, with mild-to-moderate atypia (> Fig. 3). Isolation of the human papilloma virus (HPV) from the specimen was not possible. Squamous cell papilloma (SCP) is a benign lesion that is a result of infection with HPV [1]. HPV-associated diseases

nign lesion that is a result of infection with HPV [1]. HPV-associated diseases are sexually transmitted and mainly affect the genitals, causing wart formation [2]. SCP arises from the stratified squamous epithelium of the skin, lip, oral cavity, tongue, pharynx, larynx, esophagus, cervix, vagina or anal canal [3]. SCP of the gastrointestinal tract is

mainly localized to the oropharynx, esophagus, and anal canal [4]. The current case was an extremely rare case of rectal SCP.

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Competing interests

None

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