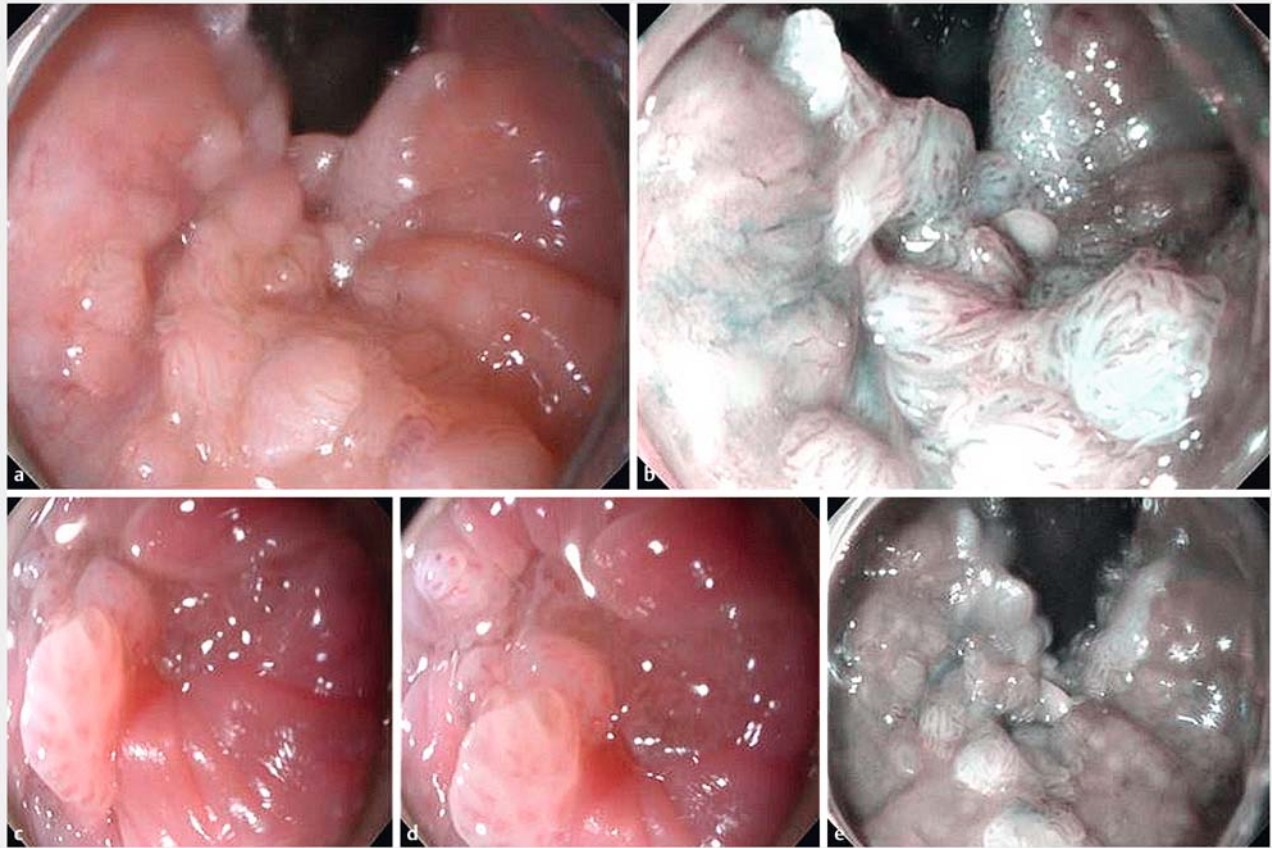


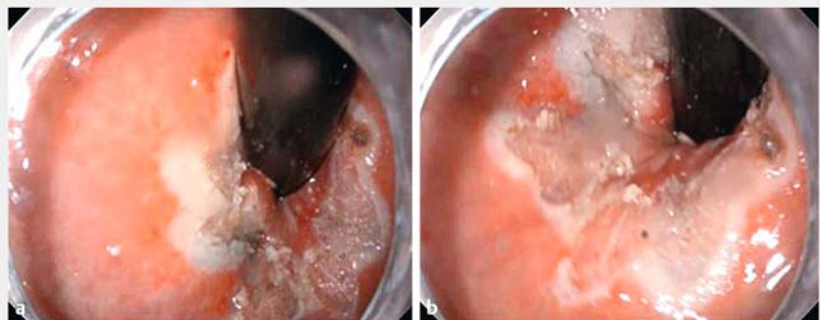
Endoscopic mucosal resection of rectal squamous cell papilloma



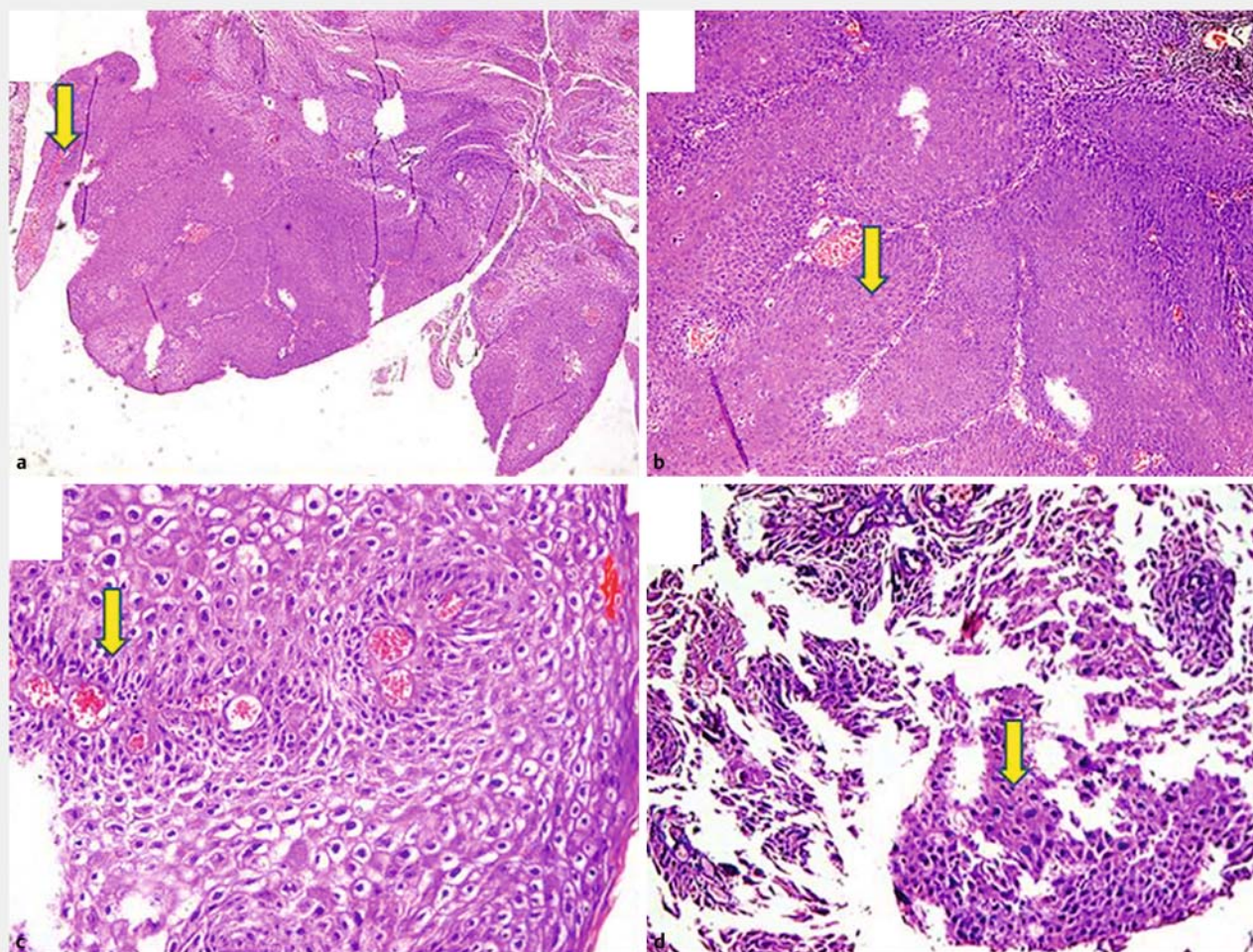
► **Fig. 1** Endoscopic view of squamous cell papilloma of the rectum using white light (a,c,d) and narrow-band imaging (b,e).

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**).

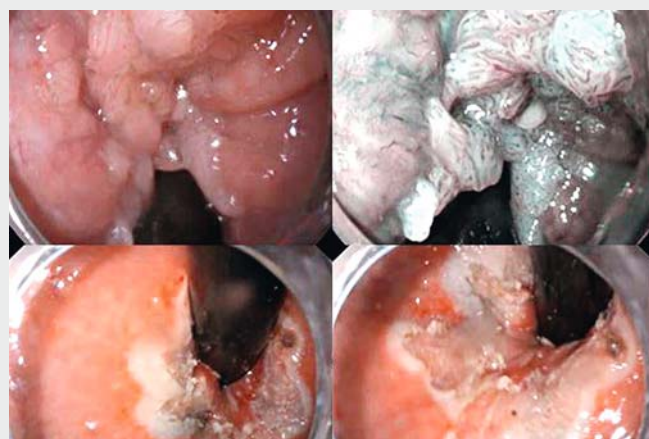
The patient's medical history was not significant. After discussing his sexual history, he mentioned having a male partner for 2 years. Basic investigations were carried out, including human immunodeficiency virus serology; they were all nega-



► **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 epithelioid (**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 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.

Endoscopy_UCTN_Code_CCL_1AD_2AC

Competing interests

None

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Bibliography

DOI <https://doi.org/10.1055/s-0043-123819>
Published online: 19.1.2018
Endoscopy 2018; 50: E83–E85
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

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