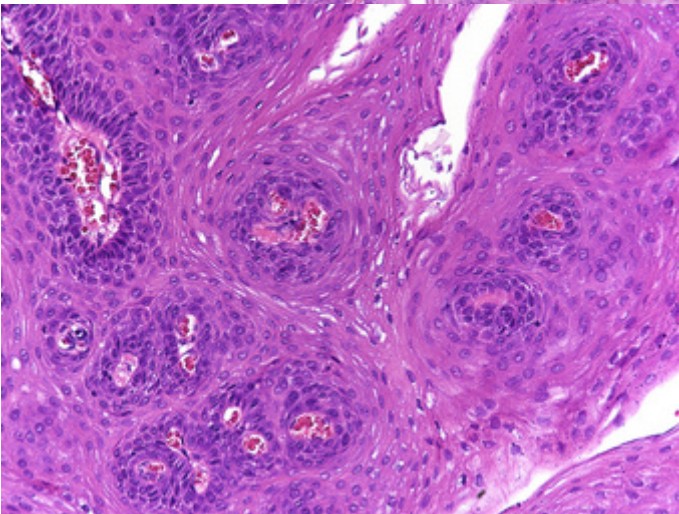
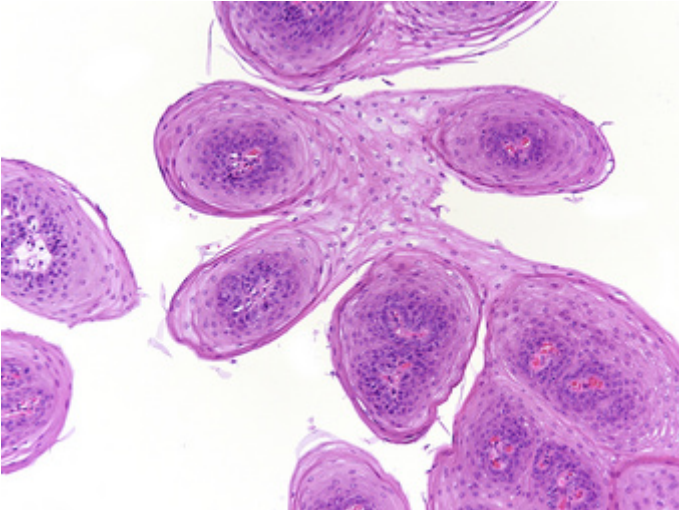
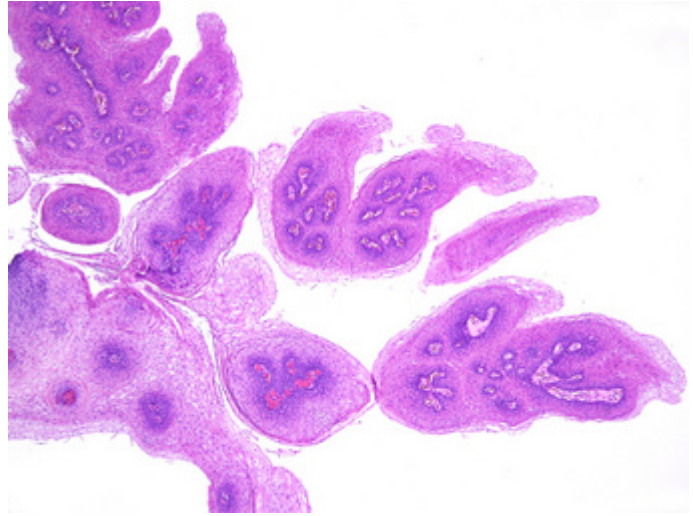
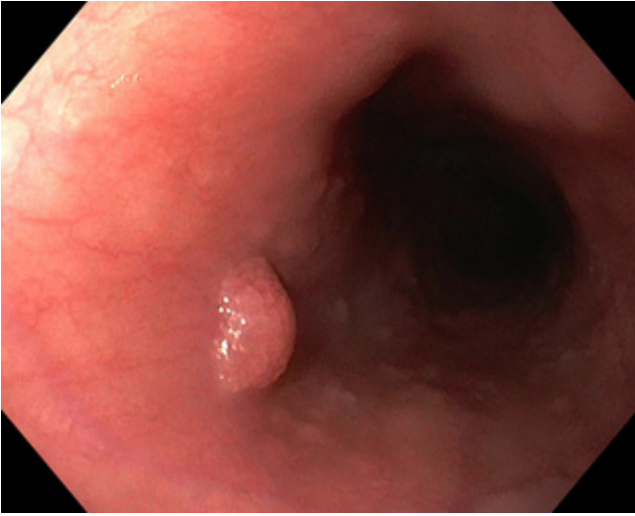


July 2020

Polypoid oesophageal lesion in a 50-year-old female.

What is your diagnosis?



Diagnosis:

Oesophageal squamous cell papilloma.

Comment:

Endoscopy shows a well circumscribed lobulated lesion (5 mm in maximum diameter) with granular or warty surface within the oesophagus at 25 cm (Panel A). Histology reveals papillary architecture with fibro-vascular central core covered by stratified squamous epithelium with mild reactive nuclear changes, no dysplasia (Panel B-D).

Squamous cell papilloma of the oesophagus is the most common benign tumour in this location. Incidence is 0.01% - 0.45% of all oesophagogastroduodenoscopies in adults, but children may also be affected. Typically, papillomas occur as solitary lesions within the lower third of the oesophagus and represent an incidental finding during endoscopy. Patients are usually asymptomatic or may rarely report of dysphagia.

Cytologically, the lesions are usually bland, but nuclear hyperchromasia or binucleation may be present. Originally thought to arise from chronic inflammatory reaction due to mechanical or chemical injury, it is getting more and more clear today that the majority of lesions are in fact caused by human papillomavirus (HPV) infection. According to recent studies, high-risk HPV DNA can be identified in a considerable number of oesophageal papillomas, indicating risk for later cancer development (papilloma-carcinoma-sequence). In fact, rare cases of oesophageal papillomas with dysplasia or occurrence in association with squamous cell cancer have been reported. Based upon this notion, excisional biopsy is recommended as standard treatment.

Histological diagnosis is usually straightforward, in particular when lesions are only few millimetres in size. Larger lesions may warrant careful differentiation from verrucous squamous cell carcinoma, a lesion, which often shows only mild cytological atypia.

For further reading:

- › d'Huart MC, Chevaux JB, Bressenot AM, et al. Prevalence of esophageal squamous papilloma (ESP) and associated cancer in northeastern France. *Endosc Int Open*. 2015; 3: E101-6.
- › Wong MW, Bair MJ, Shih SC, et al. Using typical endoscopic features to diagnose esophageal squamous papilloma. *World J Gastroenterol*. 2016; 22: 2349-56.
- › Pantham G, Ganesan S, Einstadter D, Jin G, Weinberg A, Fass R. Assessment of the incidence of squamous cell papilloma of the esophagus and the presence of high-risk human papilloma virus. *Dis Esophagus*. 2017; 30: 1-5.
- › Tiftikçi A, Kutsal E, Altrok E, et al. Analyzing esophageal squamous cell papillomas for the presence of human papilloma virus. *Turk J Gastroenterol*. 2017; 28: 176-78.
- › Uhlenhopp DJ, Olson KM, Sunkara T. Squamous Cell Papilloma of the Esophagus: A Case Series Highlighting Endoscopic and Histologic Features. *Case Rep Gastrointest Med*. 2020 Jun 1; 2020: 7645926.

Presented by:

Dr. Theresa M. Godschachner, Dr. Isolde Hinterberger, and Dr. Cord Langner, Graz and St. Veit an der Glan, Austria.