

## Esophageal squamous papilloma in a child

Gastroesophageal reflux (GER) is a frequent problem among children. The extraesophageal manifestations of GER include laryngitis and vocal cord lesions.

Furthermore, esophageal squamous papilloma (ESP) is a rare benign epithelial lesion observed among adults, and its etiology remains unclear (1). The estimated prevalence is 14/100 000 autopsies. The presence of chronic esophageal inflammation and human papilloma virus (HPV) infection are risk factors for ESP (2-4).

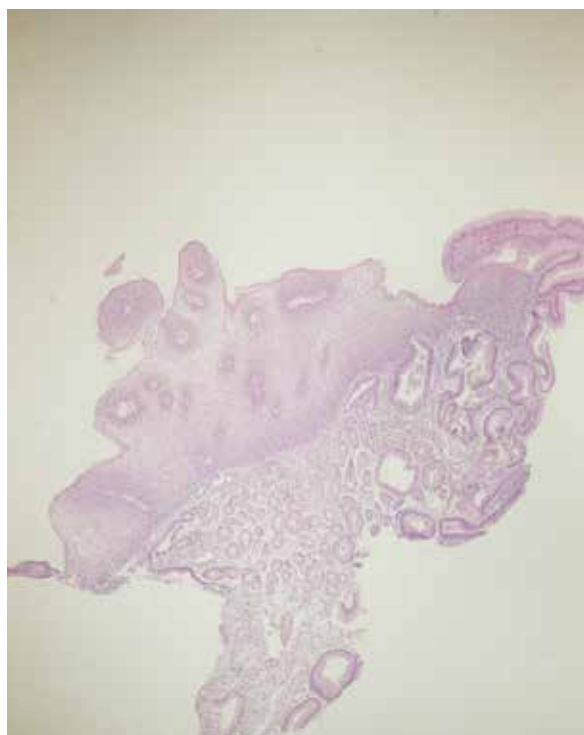
In the present report, we describe a case of GER and ESP in a boy.

7-year-old boy experienced nausea, abdominal pain, and vomiting for 3 years. He was hospitalized several times due to respiratory tract infections. His weight and height were in the 25-50<sup>th</sup> percentile. The results of physical and laboratory evaluations were normal. Upper gastrointestinal system endoscopy (UGE) indicated the presence of a 1×2 cm polypoid mass with a rough surface adjacent to the lower esophageal sphincter, and a linear ulcer (>5 mm) on the upper tip of the lesion (Figure 1). He had gastric hyperemia and normal bulbous and duodenum. A pathological evaluation indicated the presence of a papillomatous proliferation in the squamous epithelium (Figure 2), severe esophagitis, and gastritis without *Helicobacter pylori* infection. Multiplex polymerase chain reaction could not detect any HPV DNA. Esomeprazole therapy was initiated, and the family was informed about the recommended diet. The boy underwent monthly evaluations and his gastrointestinal symptoms had resolved on the second visit. Repeat endoscopy, which was performed after 4 months, indicated normal histological findings, with no esophageal mass.

Although GER is a common problem among children, esophageal masses are relatively rare; Moreover,



**Figure 1.** An endoscopic view of the distal esophagus showing a mass, with a linear white lesion lying above it.



**Figure 2.** A papillomatous proliferation, showing changes in the squamous epithelium; hematoxylin and Eosin stain (× 40).

This case was presented at the 49<sup>th</sup> Turkish Pediatrics Congress, 10-13 June 2013, İstanbul, Turkey.

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ESPs are very rare among adult patients, and their prevalence among children is currently unknown. They usually present as single lesions, with a size of <1 cm, and are often detected incidentally. Mosca et al. (2) reviewed 7618 cases that underwent UGIE and identified 9 cases of ESP; the patients' ages ranged between 24 and 70 years, and all cases exhibited negative results for the HPV test. The largest study of ESP was conducted in Poland, wherein 20 cases of ESP were identified from 36 500 cases of endoscopy (5).

Although the natural progression of ESP is unknown, they are believed to be benign in nature. Moreover, based on the morphological characteristics, it appears to be a benign lesion. However, there is much debate regarding whether it is a pre-malignant lesion; at present, there is no evidence on this topic, and malignant changes have not been reported in humans thus far.

In conclusion, an esophageal papilloma is an uncommon benign esophageal tumor that can also be observed in children. Pediatric gastroenterologists should also be aware of this lesion, which may generally be associated with GER or/and HPV. In such cases, the long-term prognosis is considered to be benign.

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