

Squamous Cell Papilloma of the Oesophagus

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1. Introduction

Oesophageal squamous cell papilloma (OSP) was first described by [1]. It is a rare benign epithelial lesion, occurring in 0,01% to 0,45% of people undergoing endoscopy. With no gender prédilection, eosophageal papillomas are commonly diagnosed in the forth and fifth decades of life. [2]

Although incidental discovery during upper gastrointestinal endoscopy for other reasons is the commonest presentation, symptomatic cases do occur. Symptomatic patients commonly have reflux-type symptoms with heartburn and epigastric discomfort mimicking gastro-oesophageal reflux (GORD), which commonly co-exists as such. Proximal lesions may present with throat symptoms, similar to those of laryngopharyngeal reflux [3].

ESP is mainly detected in the middle to lower esophagus. The characteristic endoscopic figure of ESP is a single small (2 to 6 mm), whitish, wart-like lesion grown from the mucosa. However, they can be large and multiple, histopathological examination is needed for a definitive diagnosis [4,5].

The pathogenesis of ESP has not been completely clarified; However, Proposed possible etiologies are chronic mucosal irritation (due to gastroesoph ageal reflux, smoking.) and infection with human papilloma virus [6].

2. Case Presentation

Shown here is a lesion from a 45-year-old male patient who presented to our gastroenterology department with complaints of dyspepsia and epigastric discomfort. He had a history of essential hypertension and irregular antacid use. There was no physical examination finding to explain his symptoms, so the patient was referred for upper gastrointestinal endoscopy. The patient underwent an esophagogastroduodenoscopy and detected a nonulcerated, exophytic, sessile polypoid, approximately 4 mm in size mucosal lesion, in the lower esophagus.

White light examination showed small, white-pink, warty exophytic projections in low esophagus (Figure 1). Also, a helicobacter pylori gastritis was found. Which was treated with bismuth-containing quadruple therapy.

After treatment, the patient's clinical symptoms improved.

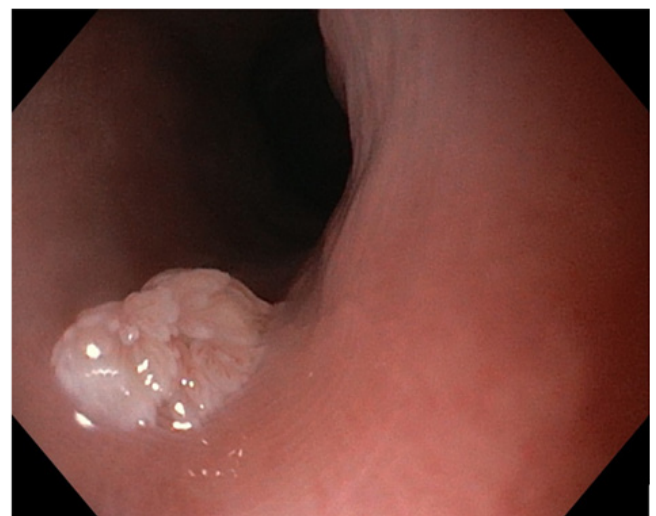


Figure 1: Narrow band imaging, the lesion appeared as papillary projections of mucosa without dilated microvessels.

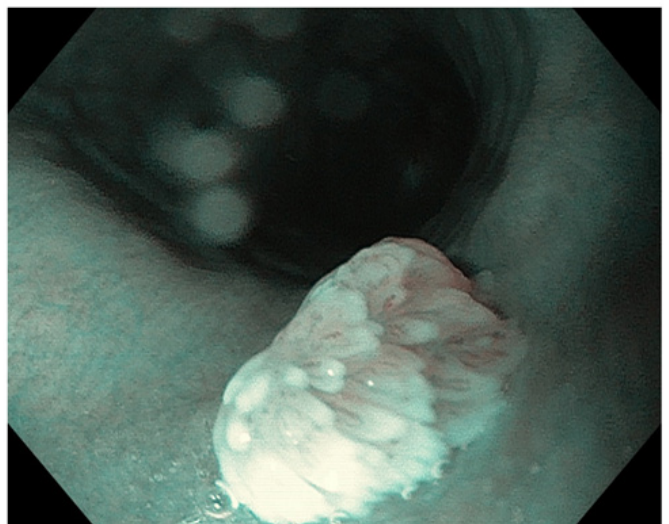


Figure 2: The patient then underwent complete endoscopic excision of the lesion. Histology reported squamous esophageal mucosa with papillary proliferation, consistent with benign squamous cell papilloma.