



## Image of the Month

## Diffuse esophageal papillomatosis complicated by squamous cell carcinoma

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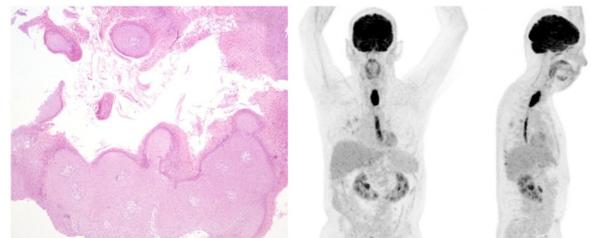


### 1. Case description

A 47-year-old male non-smoker, with a history of myotonic dystrophy, was referred to our endoscopy department following progressive dysphagia and significant weight loss. Esophagogastroduodenoscopy revealed a superficially spreading verrucous growth, extending downward for approximately 10 cm (Fig. 1). Furthermore, a separate proximal ulcerating mass was identified, located 2 cm distally of the upper esophageal sphincter. Staging with positron emission tomography (PET) revealed an ill-defined mass originating from the proximal esophagus with several enlarged para-esophageal lymph nodes (Fig. 2, right). Also, a linear diffuse tracer uptake was identified, extending into the distal esophagus, corresponding on biopsy with extensive papillomatosis, findings compatible with diffuse esophageal squamous papillomatosis (DESP) (Fig. 2, left).



**Fig. 1.** Endoscopic view mid-esophagus, revealing a confluent, semicircular verrucous growth extending into the distal esophagus.



**Fig. 2.** Left: histological evaluation (H&E staining), showing extensive papillomatosis, focal hyperkeratosis and parakeratosis, findings compatible with esophageal papillomatosis. Right: Positron Emission Tomography-images, revealing a high-uptake primary tumor in the proximal esophagus and a separate linear tracer uptake extending into the distal esophagus.

Solitary esophageal papillomas are relatively rare, mostly asymptomatic lesions with a prognosis varying from malignant transformation to spontaneous resolution. As only a handful of cases with a more diffuse distribution have been published, prognosis in these patients is difficult to predict. Especially, as the role of HPV-infection in esophageal squamous papillomas remains unclear, this in contrast to gynecological HPV-mediated oncogenesis [1]. In our case, diagnosis of DESP-related proximal squamous cell carcinoma was made. Pangenotypic PCR, performed directly on biopsies of the affected region, did not reveal presence of HPV. Furthermore, primary and secondary immunodeficiencies were excluded by HIV-assay, normal leucocyte counts, absence of immunosuppressive therapy and revision of the patients history.

Due to myotonic dystrophy-related weakness, the patient was deemed ineligible for surgical resection. Therefore, radiochemotherapy was initiated with curative intention, with oncological and endoscopic follow up revealing a complete response after 6 months.

### Conflict of interest

None declared.

### Reference

- [1] Bohn OL, Navarro L, Saldivar J, Sanchez-Sosa S. Identification of human papillomavirus in esophageal squamous papillomas. *World J Gastroenterol* 2008;14(46):7107–11.

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