

Total Esophagectomy and Endoscopic Radiofrequency Ablation for a Case of Diffuse Esophageal Papillomatosis: Case Report

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Esophageal squamous papilloma (ESP) is a benign epithelial lesion. ESP is extremely rare and it has been described in few cases in literature. The etiology of ESP may be associated to chronic mucosal irritation and HPV infection. It is usually asymptomatic and mostly discovered as an incidental finding during upper gastrointestinal endoscopy. It is considered a benign neoplasia but recent reports have stressed the potential malignant evolution of these lesions. A 53 year old caucasian woman presented with a four years history of dysphagia not responsive to medical therapy. At upper endoscopy, esophageal mucosa appeared hyperemic and completely covered by numerous (>100) sessile pedunculate papules. Bim diagnosis of esophageal squamal papillomatosis with low grade and focal high grade dysplasia; *in situ* hybridization studies for HPV were performed and it was positive for the type 16. We report a case of diffuse esophageal papillomatosis with histologic and microbiologic findings of genotype 16 HPV and Lichen Planus infection successfully treated with an Ivor Lewis Esophagectomy and a second look endoscopy by radimfrequency ablation.

?YmkcfXg. Total esophagectomy; Endoscopic radimfrequency ablation; Dif use esophageal papillomatosis Case report

Introduction

Although frst described [1], squamous papilloma of the esophagus is a rare endoscopic fnding occurring in 0.01% of individuals at autopsy and 0.07% of patients during routine endoscopy [2]. Esophageal papillomatosis is a very rare condition and it has a benign clinical course. The natural history mf papillomatosis is controversial, with early reports suggesting that it was a benign condition and that endoscopic surveillance was unnecessary [2]. More recently, there have been reports of malignancy in cases of esophageal papillomas. This has led some authors to recommend that esophageal papillomatosis be considered a premalignant condition with the potential for the development of squamous cell carcinoma [3]. Some studies have pointed to the possible presence of malignant tumors in association with esophageal papillomatosis.

Among the viral infections that have proven to play an active role in esophageal carcinogenesis, persistent infection with human papilloma virus (HPV) is thought to have the greatest importance but clear association has not yet been proven. Human papilloma virus (HPV) is an oncogenic, double-stranded, DNA-virus that infects skin and mucosa. Usually associated with benign papillomas, mucosal HPV Infection is one high-risk types, such as HPV 16 and 18 can rarely progress to dysplasia and cancer; a process that takes a long time to occur [4,5].

We describe a case of dif use esophageal papillomatosis with histologic and microbiologic f ndings of genotype 16 HPV and Lichen Planus infection successfully treated with an Ivor Lewis Esophagectomy and a second look endoscopy by radiofrequency ablation of the new lesions.

A 53 year old Caucasian woman was evaluated in Hospital for weight loss and progressive solid food dysphagia not responsive to proton pump inhibitors. Personal Health revealed genital and oral Lichen Planus and for HCV infection. Two years before, the frst gastroscopy was negative.

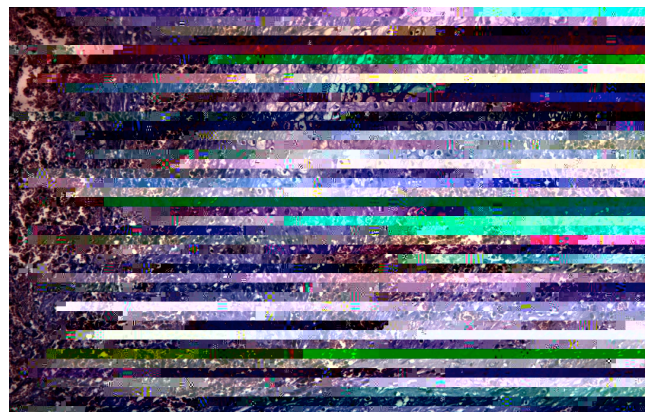


Figure 1: Biopsy of the esophageal lesions. Acute inflammation associated with nuclear ci dh] M | i f ° alM

Focal high grade dysplasia and intraepithelial inflammation associated with nuclear changes were found by biopsies; due the possibility of human papilloma virus (HPV) infection, *in situ* hybridization studies for HPV were performed and it was positive for subtype 16

The patient underwent endoscopic ultrasound that demonstrated that the changes were limited to the mucosa without penetration into the muscularis mucosa.

A chest computed tomography showed dilated appearing esophagus with a thickening of the mid-distal wall, extending from 15.5 cm to the gastroesophageal junction. Due to the severity of clinical findings we have made a total esophagectomy with gastro-pharyngeal anastomosis.

On histological examination of the esophagus, an extensive papillomatosis with diffuse low grade and focal high grade dysplasia was found. The inflammatory infiltrate was chiefly lymphocytic and it formed a dense band, typically observed in Lichen Planus (LP) (Figures 1 and 2). Thus we diagnosed diffuse papillomatosis of the esophagus complicated by esophageal lichen planus and HPV 16 infection in patient HCV positive.

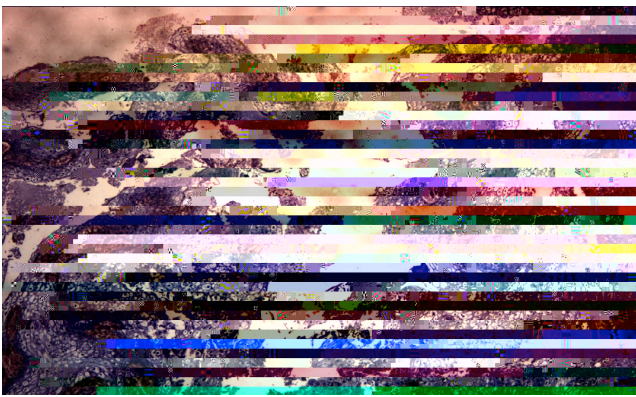


Figure 2 Histological findings of the lower esophagus demonstrating papillomatous squamous proliferation with keratosis (X50 magnification).

Initial follow-up, six months after esophagectomy, was negative for new papillomas but positive only for granulation tissue. Follow-up endoscopy, one year later, revealed three flesh-coloured pedunculated

occluding the esophageal lumen and it required treatment with surgery.

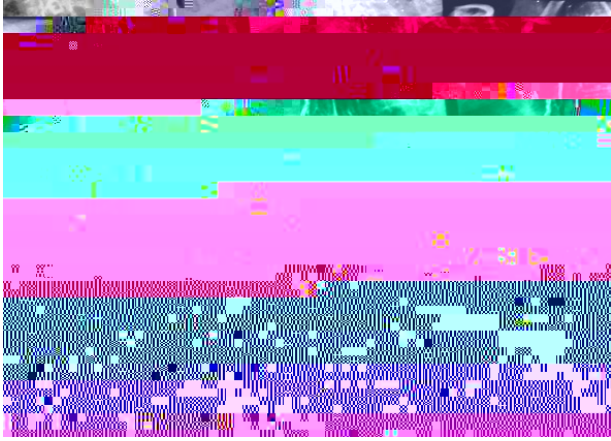


Figure 5 Radiological follow-up, performed one year after surgery, it has been documented the correct transit of the contrast through the stomach pulled up.