We describe a case series of two patients who underwent esophagogastroduodenoscopy (EGD) for different indications. The first case is a 61-year-old man who presented with symptoms of intermittent dysphagia to solids for 2 months. EGD showed a 1.5-cm exophytic mass in the distal esophagus (Fig. 1). The lesion was removed with jumbo biopsy forceps. Pathology was consistent with squamous cell papilloma of the esophagus. Special stain was negative for human papilloma virus DNA in the lesion. Follow-up EGD was performed 3 months later, which showed normal-appearing mucosa. The patient improved symptomatically with no further complaints of dysphagia.

The second case is a 56-year-old man referred for EGD for abdominal pain and nausea. He did not report dysphagia. He had a past history of tobacco and alcohol use. EGD showed a nodular lesion at 30 cm from the incisors (Fig. 2), which was removed. Pathology showed squamous papilloma without dysplasia. Squamous papilloma of the esophagus is a rare benign lesion of the esophagus. The prevalence ranges from 0.01% to 0.45% [1]. Squamous papilloma of the esophagus is usually asymptomatic and rarely causes dysphagia. This entity presents as a wart-like lesion, most commonly in the middle and distal esophagus, and can be removed endoscopically [2].

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