A 22-year-old male patient presented with a 3-month history of persistent, colicky, lower abdominal pain. He was referred for colonoscopy. Total colonoscopy showed multiple small-to-medium sized pale pink, nonulcerated, polypoid lesions in the distal part of the rectum, occupying most of the circumference (Fig. 1). The patient’s medical history was not significant. After discussing his sexual history, he mentioned having a male partner for 2 years. Basic investigations were carried out, including human immunodeficiency virus serology; they were all negative.

Fig. 1 Endoscopic view of squamous cell papilloma of the rectum using white light (a,c,d) and narrow-band imaging (b,e).

Fig. 2 Complete endoscopic mucosal resection of squamous cell papilloma.
After discussing the treatment options with the patient, endoscopic mucosal resection of the lesions was performed (▶Fig. 2, ▶Video 1). Histopathological examination showed squamous cell papillomatosis of the rectum, with mild-to-moderate atypia (Fig. 3). Isolation of the human papilloma virus (HPV) from the specimen was not possible.

Squamous cell papilloma (SCP) is a benign lesion that is a result of infection with HPV [1]. HPV-associated diseases are sexually transmitted and mainly affect the genitals, causing wart formation [2]. SCP arises from the stratified squamous epithelium of the skin, lip, oral cavity, tongue, pharynx, larynx, esophagus, cervix, vagina or anal canal [3]. SCP of the gastrointestinal tract is
mainly localized to the oropharynx, esophagus, and anal canal [4]. The cur-
rent case was an extremely rare case of rectal SCP.

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Competing interests

None

The authors

Mohamed Nabil Alkady1, Shaimaa Elkholy2
1 Tropical Department, Faculty of Medicine, Cairo University, Cairo, Egypt
2 Internal Medicine Department, Faculty of Medicine, Cairo University, Cairo, Egypt

Corresponding author

Shaimaa Elkholy, MD
Internal Medicine Department, Cairo University, 531, 17th street, 5th district 6 of October City, Cairo 00202, Egypt
Fax: +20-2-37493563
shuma50082@gmail.com

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