Clinical picture

Ear canal papillomas

A 43-year-old man was referred to our outpatient clinic for a 3-week history of left ear pruritis. Prior medical history was relevant for human immunodeficiency virus (HIV), gonorrhea and multiple sexual partners. Examination revealed several warts throughout the body, with several papillomatous lesions in the left ear canal (Figure 1). Excision of the lesions under local anesthesia was done. Histopathology confirmed the diagnosis of squamous papilloma. There was no sign of recurrence after 2 years follow-up.

Squamous papillomas are caused by the human papilloma virus (HPV), a DNA virus of the Papovaviridae family.1 It is important to differentiate between benign and malignant lesions caused by HPV, because treatment approach is different. There is a wide variety of clinical presentations secondary to HPV infection: common warts, vulvar or oral papilloma, epidermodysplasia verruciformis, keratoacanthoma, etc.2 The most common affected sites in the head and neck region are the skin, oral mucosa and upper aerodigestive tract.1 Ear canal papillomas are rare and generally associated with low-risk HPV types 6 and 11, although type 6 is more prevalent.1,3 There is no association with age or sex.1 Transmission mode to the external ear canal is not known. It probably originates from contaminated fingers or objects rather than through sexual contact or vaginal delivery.1 Itching and fullness sensation are generally the primary complaints of patients, but squamous papillomas are often asymptomatic. Excision is warranted in the respiratory tract (e.g. laryngeal papillomatosis), if the lesion is symptomatic or if there is a doubt of malignancy. Several treatment options exist: cryotherapy, curettage, topical anti-viral agents, immunomodulants, antimitotic agents and laser.4 Surgical excision is successful in most cases and few tumours recur.1 Multiple warts should raise the possibility of HIV or other immunocompromised state.

Figure 1. (A) Three papillomatous lesions in the left external auditory canal. Note the cylindrical projections of the superior mass (arrowhead). (B) Close-up of one lesion shows a white and pink cauliflower-like mass (black circle).

Photographs and text from: O. Abboud and I. Saliba, Department of Otolaryngology-Head and Neck
Surgery, Montreal university hospital center (CHUM), Montreal - Quebec, Canada.

email: issam.saliba@umontreal.ca

Conflict of interest: None declared.

References


