A female patient, aged 3, presented at the Respiratory Endoscopy Service with progressive dysphonia, which she had had since she was one. She had no difficulty swallowing nor was there any history of atopy. Her physical growth was normal.

A fibrolaryngoscopy, followed by a direct laryngoscopy was performed under general anaesthesia which showed papillomatous formations on both vocal cords and ventricular bands (Fig. 1A). These were resected with cup forceps under microscopic control. Mucosal folds in the hypopharynx area were also observed (Fig. 1B), and an oesophagoscopy was therefore performed which revealed longitudinal furrows with surrounding healthy mucous membrane (Fig. 2A), and whitish granulation tissue in the distal oesophageal mucous membrane. A tissue sample was taken from the upper third, middle and lower third of the oesophagus.

Histopathology confirmed laryngeal papillomatosis and showed oesophageal mucous membrane covered by a squamous epithelium with a high number of leukocyte eosinophils (>24 per high-power field), which tended to group together in the outer layers forming microabcesses (Fig. 2B), compatible with eosinophilic oesophagitis.

Laryngeal papillomatosis is the most frequent benign laryngeal tumour to present in infancy. No cases associated with eosinophilic oesophagitis have been reported. The latter case is characterised by a dense infiltration of eosinophils.
eosinophils (>20 per high-power field) in the oesophageal mucous membrane secondary to an allergic or idiopathic reaction. In children this may lead to difficulty in feeding and delay in growth. Several isolated cases of asymptomatic patients have been reported. The characteristic findings on endoscopy include lineal grooves, mucous rings and white papules, histological examination being essential to diagnosis. Treatment is controversial.

The child continues being monitored by the Endoscopy and Gastroenterological services.