

Barrett's Esophagus



C A R I S D I A G N O S T I C S H E A L T H I M P R O V E M E N T S E R I E S

What is Barrett's esophagus? The esophagus is the muscular tube that carries food and saliva from the mouth to the stomach. Barrett's esophagus is a condition resulting from ongoing irritation of the esophagus where its normal lining is replaced by the type of lining that is normally found in the stomach. Patients with Barrett's esophagus lack symptoms that are noticeably different from gastroesophageal reflux disease (GERD), the underlying irritation in most cases.

Who should be screened for Barrett's esophagus?

Though opinions vary, patients who are between 35 to 50 years or older who have had at least five years of GERD symptoms (heartburn) should undergo a one-time endoscopy to exclude Barrett's esophagus. The condition is especially prevalent among middle-aged Caucasian men who have had heartburn for years. If the first screening is normal, there is typically no need to repeat it.

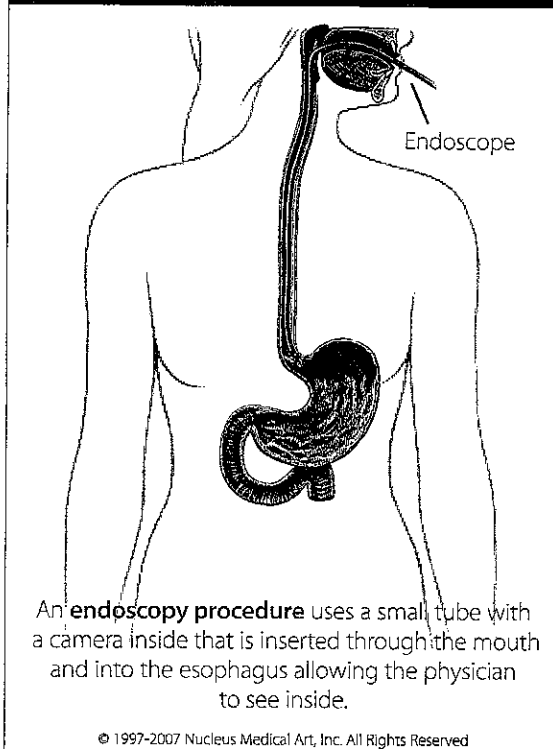
How is Barrett's esophagus diagnosed? Barrett's esophagus is discovered when physicians view the abnormal lining of the esophagus with a special instrument (endoscope) and sample a piece of tissue (biopsy) that is evaluated under a microscope by a pathologist, preferably specializing in diseases of the gastrointestinal tract (See Figure 1).

An endoscopy procedure uses a small tube with a camera inside that is inserted through the mouth and into the esophagus allowing the physician to see inside. Your physician can also take a sample, or biopsy. This biopsy will be interpreted by a surgical pathologist, preferably one with subspecialty training in gastrointestinal

pathology, who can confirm the diagnosis and determine whether dysplasia, a pre-cancerous change, or cancer is present.

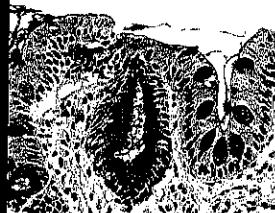
How is Barrett's esophagus treated? Since Barrett's esophagus is related to GERD, medications are given to treat the reflux symptoms. Acid suppression is the mainstay of therapy, and patients may need to be on proton pump inhibitor medication for years. If dysplasia or cancer is present, surgery or topical therapy may be indicated. The type of surgery varies, ranging from laser ablation to surgical excision.

FIGURE 1



Patients with Barrett's esophagus are typically put on a surveillance program. Random or directed biopsies of the mucosa are evaluated by the gastrointestinal pathologist to exclude the presence of dysplasia or cancer.

The image at right shows a special stain where gastric-type glands stain red and the goblet cells that characterize Barrett's Esophagus stain purple.



SEE REVERSE SIDE

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ADDITIONAL RESOURCES:

Barrett's Information:

www.barrettsinfo.com

National Institute of Diabetes and
Digestive and Kidney Diseases:

www.digestive.niddk.nih.gov/ddiseases/pubs/barretts

National Cancer Institute:

1.800.4.CANCER / www.cancer.gov

American College of Gastroenterology:

703-820-7400 / www.acg.gi.org/patients



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This material is intended for patient education and information only. It does not constitute advice, nor should it be taken to suggest or replace professional medical care from your physician. Your treatment options may vary, depending upon medical history and current condition. Only your physician and you can determine your best option.

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