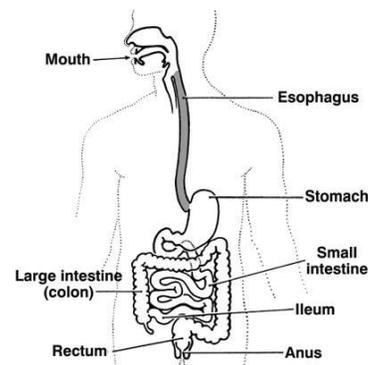




Barrett's Esophagus

Barrett's esophagus is a condition in which the esophagus, the muscular tube that carries food and saliva from the mouth to the stomach, changes so that some of its lining is replaced by a type of tissue similar to that normally found in the intestine. This process is called intestinal metaplasia.

While Barrett's esophagus may cause no symptoms itself, a small number of people with this condition develop a relatively rare but often deadly type of cancer of the esophagus called esophageal adenocarcinoma. Barrett's esophagus is estimated to affect about 700,000 adults in the United States. It is associated with the very common condition gastroesophageal reflux disease or GERD.



Barrett's Esophagus and Cancer of the Esophagus

Barrett's esophagus does not cause symptoms itself and is important only because it seems to precede the development of a particular kind of cancer—esophageal adenocarcinoma. The risk of developing adenocarcinoma is 30 to 125 times higher in people who have Barrett's esophagus than in people who do not. This type of cancer is increasing rapidly in white men. The increase is possibly related to the rise in obesity and GERD. For people who have Barrett's esophagus, the risk of getting cancer of the esophagus is small: less than 1 percent (0.4 percent to 0.5 percent) per year. Esophageal adenocarcinoma is often not curable, partly because the disease is frequently discovered at a late stage and because treatments are not effective.

Diagnosis and screening

Barrett's esophagus can only be diagnosed by an upper GI endoscopy to obtain biopsies of the esophagus. At present, it cannot be diagnosed on the basis of symptoms, physical exam, or blood tests. In an upper GI endoscopy, a flexible tube called an endoscope, which has a light and miniature camera, is passed into the esophagus. If the tissue appears suspicious, then biopsies must be done. A biopsy is the removal of a small piece of tissue using a pincher-like device passed through the endoscope. A pathologist examines the tissue under a microscope to confirm the diagnosis. Many physicians recommend that adult patients who are over the age of 40 and have had GERD symptoms for a number of years have endoscopy to see whether they have Barrett's esophagus. Screening for this condition in people who have no symptoms is not recommended.

Treatment

Most physicians recommend treating GERD with acid-blocking drugs, since this is sometimes associated with improvement in the extent of the Barrett's tissue. However, this approach has not been proven to reduce the risk of cancer. Treating reflux with a surgical procedure for GERD also does not seem to cure Barrett's esophagus.

Periodic endoscopic examinations to look for early warning signs of cancer are generally recommended for people who have Barrett's esophagus. This approach is called surveillance. When people who have Barrett's esophagus develop cancer, the process seems to go through an intermediate stage in which cancer cells appear in the Barrett's tissue. This condition is called dysplasia and can be seen only in biopsies with a microscope. The process is patchy and cannot be seen directly through the endoscope, so multiple biopsies must be taken. Even then, the cancer cells can be missed. Most physicians recommend that patients with Barrett's esophagus undergo periodic surveillance endoscopy to have biopsies. The recommended interval between endoscopies varies depending on specific circumstances, and the ideal interval has not been determined.

Points to remember

- In Barrett's esophagus, the cells lining the esophagus change and become similar to the cells lining the intestine.
- Barrett's esophagus is associated with gastroesophageal reflux disease or GERD.
- A small number of people with Barrett's esophagus may develop esophageal cancer.
- Barrett's esophagus is diagnosed by upper gastrointestinal endoscopy and biopsy.
- People who have Barrett's esophagus should have periodic esophageal examinations.
- Taking acid-blocking drugs for GERD may result in improvements in Barrett's esophagus.
- Removal of the esophagus is only for people who have a high risk of developing cancer or who already have it.