

Barrett's Esophagus is a pre-cancerous condition affecting the lining of the esophagus, which is the swallowing tube that carries solid food and liquids from the mouth to the stomach.

Development of Barrett's Esophagus

Gastroesophageal Reflux Disease (GERD) is a disorder in which stomach acid and enzymes cause injury to the esophageal lining, producing symptoms such as heartburn, regurgitation and chest pain.

In some patients with GERD, normal esophagus cells are damaged. Over time, this damage can result in inflammation and genetic changes in the cells. The tissue takes on a different appearance, microscopically changing from esophageal tissue to intestinal tissue. This is called "intestinal metaplasia", which is most commonly referred to as Barrett's Esophagus.

Diagnosis of Barrett's Esophagus

Barrett's Esophagus is diagnosed through an upper endoscopy procedure. Barrett's tissue in the esophagus will appear as a different color. If this is found, a biopsy of the tissue will be taken and sent for evaluation. A finding of intestinal cells in the esophagus confirms a Barrett's Esophagus diagnosis.

In addition to surveillance endoscopy approaches for Barrett's Esophagus, there are treatment options that include endoscopic and surgical therapy to eliminate the Barrett's tissue completely.

Grades of Barrett's Esophagus

There are different "grades" of Barrett's Esophagus, according to biopsy and microscopic findings. The "grades" of Barrett's Esophagus include:

- Intestinal metaplasia (IM) without dysplasia
- IM with low-grade dysplasia
- IM with high-grade dysplasia

Dysplasia refers to inherent abnormalities of a tissue or cells that make it more cancer-like. While the presence of dysplasia may raise the risk of cancer, it is not considered cancer. Ultimately, higher grades of dysplasia may be considered cancerous if there are signs of tissue invasion.

Treatment of Barrett's Esophagus

It is recommended you undergo an upper endoscopy procedure with biopsies on a regular basis for the remainder of your life. The frequency of your routine surveillance endoscopies will depend on the grade of your Barrett's Esophagus findings.

Minimally invasive treatments can oftentimes be utilized if Barrett tissue is discovered. These outpatient procedures usually take less than 30 minutes and require no incisions. Radiofrequency Ablation (RFA) utilizes a quick burst of energy to eliminate diseased tissue, while Endoscopic Mucosal Resection (EMR) employs a treatment to extract diseased tissue.

For more information, speak with your Gastroenterologist. If you do not have a Gastroenterologist, visit DuPageMedicalGroup.com to find a physician today.