The Emoroid Digest

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Emory Faculty Retroflexions: Endoscopic Management of Barrett's Esophagus

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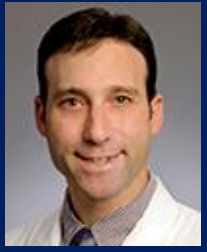
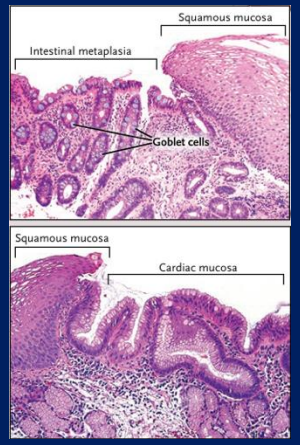


Background

- Barrett's Esophagus (BE) is a metaplastic change of the distal esophagus normal squamous epithelium to metaplastic columnar epithelium.
- BE is associated with gastroesophageal reflux disease (GERD) where 5-12% of patients with chronic GERD develop BE.
- BE is a precursor to esophageal adenocarcinoma.

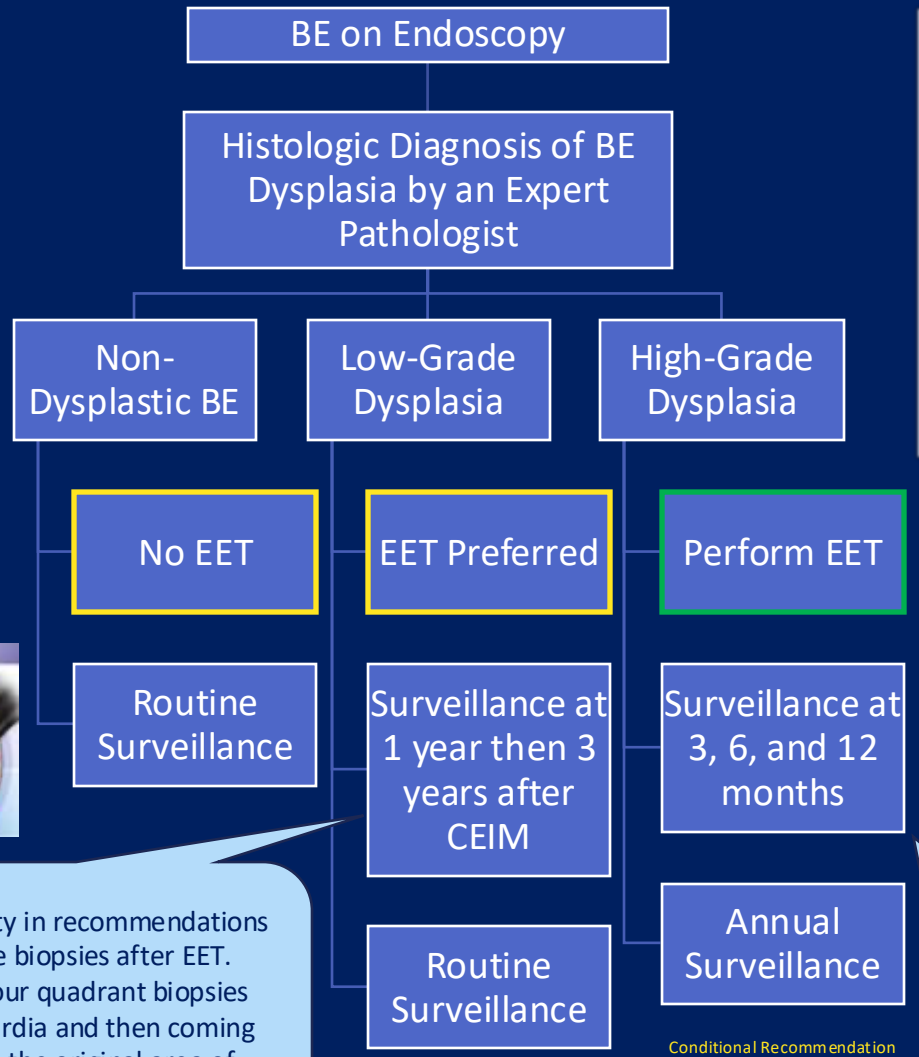


Endoscopic Eradication Therapy (EET)

- Focal resection of lesion plus ablation of remaining BE mucosa with radiofrequency ablation (RFA).
- Resection is done by:

  Endoscopic Mucosal Resection (EMR)
  or
  Endoscopic Submucosal Dissection (ESD)

- EMR is preferred for most lesions (smaller, less invasive, faster, and technically easier with fewer complications).
- ESD is reserved for bulky (Paris IIc or IIa+c) lesions or when EMR fails to adequately resect.
- EUS does not improve staging accuracy for superficial lesions.



"There is variability in recommendations for surveillance biopsies after EET. I take random four quadrant biopsies starting at the cardia and then coming back to include the original area of Barrett's involvement in 1 cm intervals."

General Considerations in BE Management

- Counsel tobacco cessation & weight loss
- Refer to high-volume endoscopists with expertise in EET
- Optimize reflux control (medication, lifestyle) and assess adherence for all
- Prior to EET: discuss risks/benefits, need for adherence with reflux management, continued surveillance after EET

"These are the **2024 AGA** recommendations. Surveillance intervals vary depending on society:

	High Grade Dysplasia	Low Grade Dysplasia
ASGE (2018)	Year 1: q3 months Year 2: q6 months then annually	Years 1-2: Annually then q3 years
ACG (2016)	Year 1: q3 months Year 2: q6 months then annually	Year 1: q6 months then annually

I tend to follow the **ASGE** guidelines."