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Barrett's esophagus: Current controversies

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Esophageal adenocarcinoma is rapidly increasing in Western countries. This tumor frequently presents late in its course with metastatic disease and has a very poor prognosis. Barrett's esophagus is an acquired condition whereby the native squamous mucosa of the lower esophagus is replaced by columnar epithelium following prolonged gastro-esophageal reflux and is the recognized precursor lesion for esophageal adenocarcinoma. There are multiple national and society guidelines regarding screening, surveillance and management of Barrett's esophagus, however all are limited regarding a clear evidence base for a well-demonstrated benefit and cost-effectiveness of surveillance and robust risk stratification for patients to best use resources. Currently the accepted risk factors upon which surveillance intervals and interventions are based are Barrett's segment length and histological interpretation of the systematic biopsies. Further patient risk factors including other demographic features, smoking, gender, obesity, ethnicity, patient age, biomarkers and endoscopic adjuncts remain under consideration and are discussed in full. Recent evidence has been published to support earlier endoscopic intervention by means of ablation of the metaplastic Barrett's segment when the earliest signs of dysplasia are detected. Further work should concentrate on establishing better risk stratification and primary and secondary preventative strategies to reduce the risk of adenocarcinoma of the esophagus.

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