

Barrett's Esophagus In Our Community Over The Past 12 Years

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Purpose:

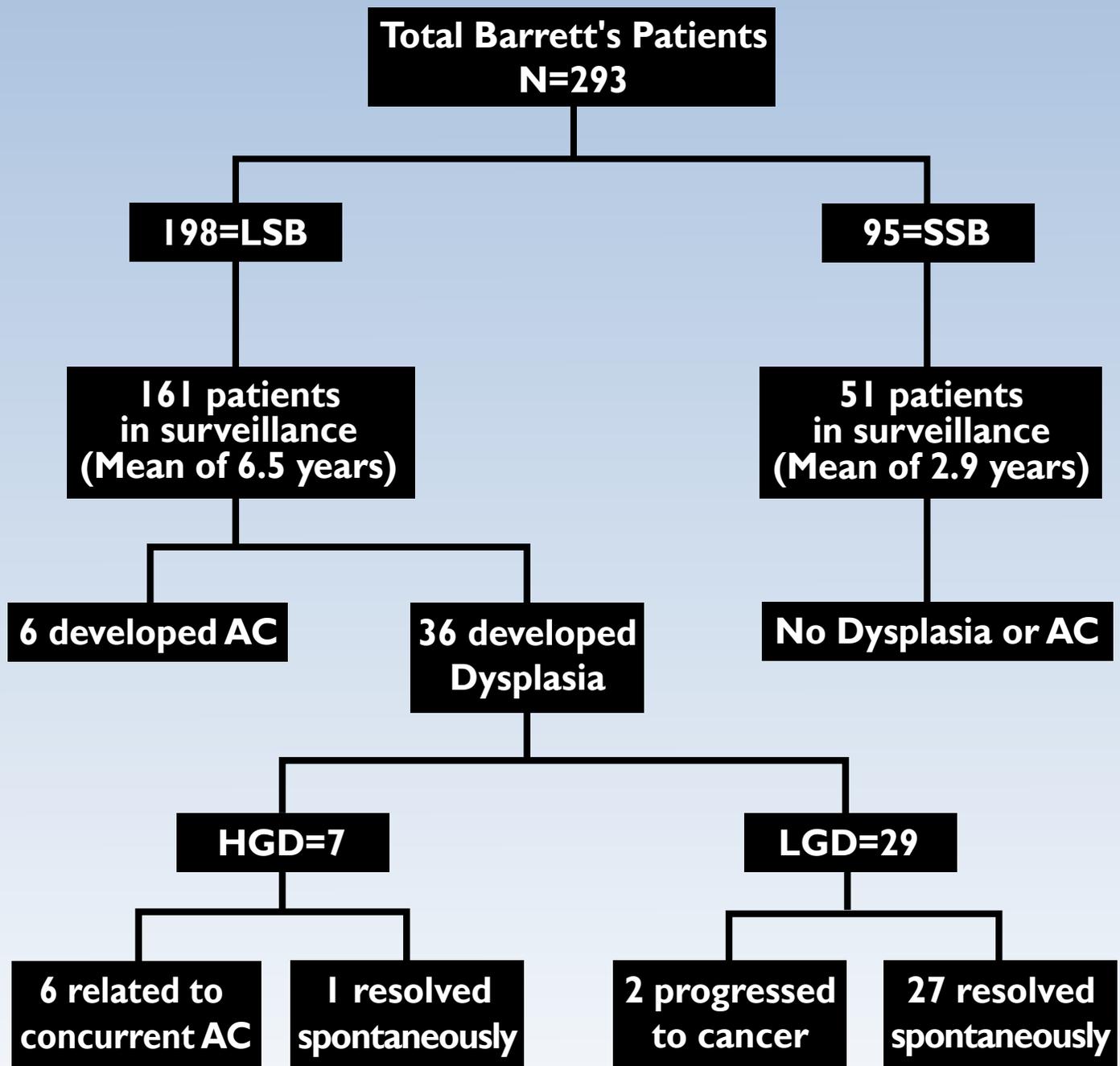
Surveillance of Barrett's Esophagus (BE) continues to attract attention because of its potential for esophageal dysplasia (DYS) and adenocarcinoma (AC). The incidence of AC in the literature is quite low and based on few actual cases. In our experience low grade dysplasia (LGD) rarely progresses to AC, and high grade dysplasia (HGD) is most often associated with a tumor's presence.

Methods:

To compare our experience to the literature, and evaluate the value of surveillance biopsies in a community setting, we retrospectively reviewed our BE patients over the past 12 years.

Results:

293 patients were identified in our private community practice. 198 had > 3cm of tubular intestinal metaplastic columnar epithelium, long segment Barrett's (LSB); 95 had < 3cm of BE, short segment Barrett's (SSB). 161 patients with LSB were in a surveillance program for a mean of 6.5 years, or a total of 1039 patient-years. 6 people developed AC between 4-10 years from diagnosis of BE. 36/198 (18%) had DYS, 29 (80%) were LGD, 7 (20%) were HGD. Only 2 cases of LGD went on to AC, whereas 6/7 cases of HGD were associated with concurrent AC, the other reverted to benign BE. To date, no cases of SSB have developed AC or DYS.



Conclusion:

1.) The incidence of AC in BE was 1 case per 173 patient-years (0.5%/year). **2.)** The incidence of DYS was 28/161 (17%), the prevalence was 8/198 (4%). **3.)** LGD reverted to benign BE in 27/29 (93%) patients; in 2 cases there was progression to AC. **4.)** HGD was usually associated with a papular mass lesion. The 1 case of HGD from flat mucosa regressed to benign BE. **5.)** Mean length of BE was 6.4 cm in DYS group and 6.5 cm in AC group. **6.)** Each patient who developed AC had new symptoms of dyspepsia, dysphagia or chest pain, leading to physician attention. **7.)** SSB was not associated with DYS or AC during a mean surveillance of 5 years in our population. **8.)** Biopsy and extology surveillance might be most cost effective and efficacious if performed every 5 years or for symptomatic changes.