



Patient Diagnosis Resource for BARRETT'S ESOPHAGUS—HIGH GRADE

Your Diagnosis

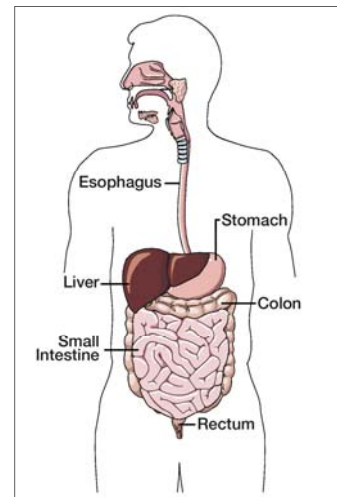
After completing a thorough lab analysis of your recent esophageal biopsy, a specialized doctor called a pathologist reported a diagnosis of Barrett's esophagus–high grade, a pre-cancerous condition of the esophagus. Barrett's esophagus is relatively uncommon, affecting about 700,000 adults in the U.S. with an average age of diagnosis of 60. It occurs about twice as often in men than women, and most frequently in Caucasians.

About the Condition

The esophagus is a tube lined with muscles that contracts to transport food and liquids from the mouth to the stomach. The upper and lower ends of the esophagus are clamped together by specialized muscles, called sphincters. Normally the lower sphincter opens automatically to let food pass into the stomach and closes quickly to prevent stomach contents and acid from leaking back into the esophagus, or refluxing.

Barrett's esophagus occurs when the cells lining the lower esophagus are damaged by long-term stomach acid reflux. These abnormal cells are precancerous, although they rarely develop into esophageal cancer. Barrett's esophagus is classified as either low-grade or high-grade according to how much abnormal cellular change, or dysplasia, is present. In the low-grade form, dysplasia is slight, while high-grade Barrett's esophagus shows more moderate to severe dysplasia.

The condition most often arises from ongoing gastroesophageal reflux disease (GERD), a very common disorder that affects more than 60 million American adults. About 10% of people who suffer from severe GERD over a period of years go on to develop Barrett's esophagus.



Heartburn is the most notable symptom of acid reflux and GERD. Almost everyone has experienced the burning pain of heartburn at some point, but people with GERD endure it on a continuing basis because of a weakened lower esophageal sphincter.

In contrast, Barrett's esophagus patients seldom have symptoms, although a few experience trouble swallowing, bloody vomit or stools, or weight loss. Frequently, people with Barrett's esophagus recall having episodes of heartburn in the past, but not in recent years.

Treatment Options

The treatment plan for Barrett's esophagus generally depends on its grade. Because low-grade dysplasia does not develop into esophageal cancer without first progressing to the high-grade stage, patients with high-grade Barrett's esophagus require more aggressive therapy.

The following treatment possibilities are available:

Everyday Changes – People with Barrett’s esophagus can diminish symptoms by making specific lifestyle changes that help lessen stomach acid reflux. This may include losing weight, taking part in some form of exercise, avoiding certain foods and elevating the head of the bed.

Medication – Drug therapy for Barrett’s esophagus helps prevent acid reflux and relieve irritated tissues, but does not appear to decrease the risk of esophageal cancer. Medications used include acid blockers and proton pump inhibitors. Acid blocking drugs – often referred to as histamine or H2 blockers – work by decreasing the amount of acid the stomach produces. Proton pump inhibitors are even more powerful at suppressing gastric acid and work by stopping the action of acid “pumps” within specific stomach cells.

Surgery – Operations to treat Barrett’s esophagus are sometimes performed. Anti-reflux surgery eliminates the symptoms of reflux by wrapping part of the stomach around the bottom of the esophagus to tighten the lower sphincter. Esophagectomy, the removal of the entire esophagus and repositioning of the stomach into the chest, is occasionally done in patients with high-grade Barrett’s esophagus who have an elevated risk of developing cancer.

Ablation Procedures – The removal, or ablation, of diseased esophageal tissue is another form of treatment for Barrett’s esophagus. Ablation procedures include photodynamic therapy, electrocautery and argon plasma coagulation. In photodynamic therapy, abnormal cells are burned off by a laser light after being illuminated by a photosensitizing drug. In electrocautery, diseased cells are destroyed using an electric wire. A jet of argon gas and electric current are used in argon plasma coagulation to burn away esophageal dysplasia. The long-term effectiveness of ablation procedures is currently being studied.

What You Can Do

To reduce the symptoms of reflux and prevent other digestive problems, you should avoid potential stomach irritants such as smoking, alcohol, coffee, chocolate and fatty or highly seasoned foods. You should eat smaller, more frequent meals that are high in fruits and vegetables. You can also use over-the-counter antacids to neutralize stomach acid.

In addition, pain relievers containing acetaminophen are generally recommended to use instead of aspirin or non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen and naproxen. Talk with your doctor about what prescription and over-the-counter medications are best for your individual situation. Your doctor will likely schedule periodic exams and biopsies to monitor for the early warning signs of esophageal cancer, as well.

Additional Resources

American College of Gastroenterology, 301.263.9000, www.acg.gi.org
Cancer Consultants Oncology Resource Center, <http://cancerconsultants.com>
Digestive Diseases Information Clearinghouse, 800.891.5389, www.digestive.niddk.nih.gov

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