A 67-year-old male with history of short segment Barrett’s esophagus has been undergoing surveillance endoscopies every three years. On the most recent exam a 7mm nodule was noted with biopsies showing high grade dysplasia. The protocol biopsies of the rest of the Barrett’s segment showed non-dysplastic intestinal metaplasia. Biopsies were reviewed and confirmed by expert pathologist. What is the best next step in management of this patient?

A. increase omeprazole from 20 mg to 40 mg daily and repeat exam in three months
B. surgical consultation for esophagectomy
C. endoscopic mucosal resection
D. shorten surveillance interval to every 12 months

Answer: C

Rationale: For patients with Barrett’s esophagus and verified high-grade dysplasia, treatment should be individualized. If there is accompanying mucosal irregularity, the area should be evaluated by EMR, both for diagnostic and therapeutic purpose.