This 60-year-old male with a history of short segment Barrett’s esophagus with focal low-grade dysplasia presents for a 6-month surveillance endoscopy. He had previously undergone radiofrequency ablation for low-grade dysplasia. On his last surveillance endoscopy there was no visible Barrett’s mucosa and biopsies demonstrated no dysplasia. The endoscopic image of the distal esophagus is represented below. Which of the following is the most appropriate action?

A. 4 quadrant biopsies of the squamocolumnar junction and the length of the original Barrett’s mucosal segment
B. Focal radiofrequency ablation
C. Liquid nitrogen cryotherapy
D. Endoscopic mucosal resection
E. Referral for partial esophagectomy

Answer: D

Rationale: A visible nodule is present just above the squamocolumnar junction which likely represents Barrett’s esophagus with high-grade dysplasia or early carcinoma. Endoscopic mucosal resection provides the benefits of therapy with deep tissue diagnosis. If deep submucosal invasion is present on the resection specimen, the patient there and requires surgical resection.