

Question 9 – October 2

A 53 year old man is referred for a known 1 cm segment of Barrett's esophagus without dysplasia. His last endoscopy was 3 years prior, and another endoscopy was performed which again confirmed the diagnosis and no change of Barrett's esophagus without dysplasia. The patient is asymptomatic and on once daily proton pump inhibitor (PPI) therapy. Which of the following is true?

- A. He should continue on once daily PPI without a need for dose escalation or pH testing.
- B. Ambulatory pH testing should be performed on the patient, and if positive his dose of PPI should be optimized.
- C. The patient should be taken off PPI and ambulatory pH testing should be performed to see if the patient needs PPI therapy.
- D. It is appropriate for this patient to consider surgical therapy for GERD, as this will reduce his risk of esophageal adenocarcinoma.

Answer: A

Patients with Barrett's esophagus should receive once daily PPI therapy. Routine use of twice-daily dosing is not recommended, unless necessitated because of poor control of reflux symptoms or esophagitis (strong recommendation, moderate level of evidence).

Reference

ACG Clinical Guideline: Diagnosis and Management of Barrett's Esophagus. Shaheen NJ, Falk GW, Iyer PG, Gerson LB. Am J Gastroenterol. 2016 Jan;111(1):30-50.