Question 20 – December 16

A 69 year white old with long standing reflux on PPI is undergoing routine surveillance of his Barrett's esophagus. He has no history of dysplasia on biopsy. The extent of his Barrett's by Prague criteria: C3 (circumferential Barrett's that extends 3 cm from GEJ defined by top of gastric folds) and M6 (maximal extent of Barrett's 6 cm from GEJ) with GEJ at 36 cm and sliding hiatal hernia from 36 to 38 cm.

Question 1: What is the best plan for appropriate endoscopic surveillance is the following:

A. 4 quadrant biopsies should be performed every 2 cm from 36 to 30 cm.
B. 4 quadrant biopsies should be performed every 1 cm from 36 to 30 cm.
C. 4 quadrant biopsies should be obtained every 2 cm from 38 to 30 cm.
D. 4 quadrant biopsies should be obtained every 1 cm from 38 to 30 cm.
E. Either A or B would be appropriate.
F. Either C or D would be appropriate.

The above gentleman was also found to have a nodule at 32 cm. The biopsy from the nodule showed high grade dysplasia. No other dysplasia was noted. What is the best course of action based on current evidence?

Question 2:

A. Confirm findings with second pathologist. Perform EMR on visible lesion.
B. Perform EMR on visible lesion. Perform RFA on remaining Barrett's. Surveillance EGD with biopsies every 3 months.
C. Confirm findings with second pathologist. Perform EMR on visible lesion followed by RFA on remaining Barrett's.
D. Confirm findings with second pathologist. Perform EMR on visible lesion. Surveillance EGD with biopsies every 3 months.
E. Confirm findings with second pathologist. Perform EUS, EMR on visible lesion then RFA on remaining Barrett's. Surveillance EGD with biopsies every 3 months.
F. Confirm findings with second pathologist. Perform EMR on visible lesion followed by RFA on remaining Barrett's. Surveillance EGD with biopsies every 3 months.

Answers: E, F

4 quadrant biopsies are recommended every 1-2 cm (no consensus on which is better). There is no need to biopsy the area from 37-38 as this represents the hiatal hernia (gastric mucosa).

References:

1. Bennett C, et al. Consensus Statements for Management of Barrett's Dysplasia and Early-Stage Esophageal Adenocarcinoma, Based on a Delphi Process. *Gastroenterology*. 2012;143:336–346.
2. Spechler SJ, et al. American Gastroenterological Association Technical Review on the Management of Barrett's Esophagus. *Gastroenterology*. 2011;140:e18–e52