

Barrett's Esophagus

What is Barrett's esophagus?

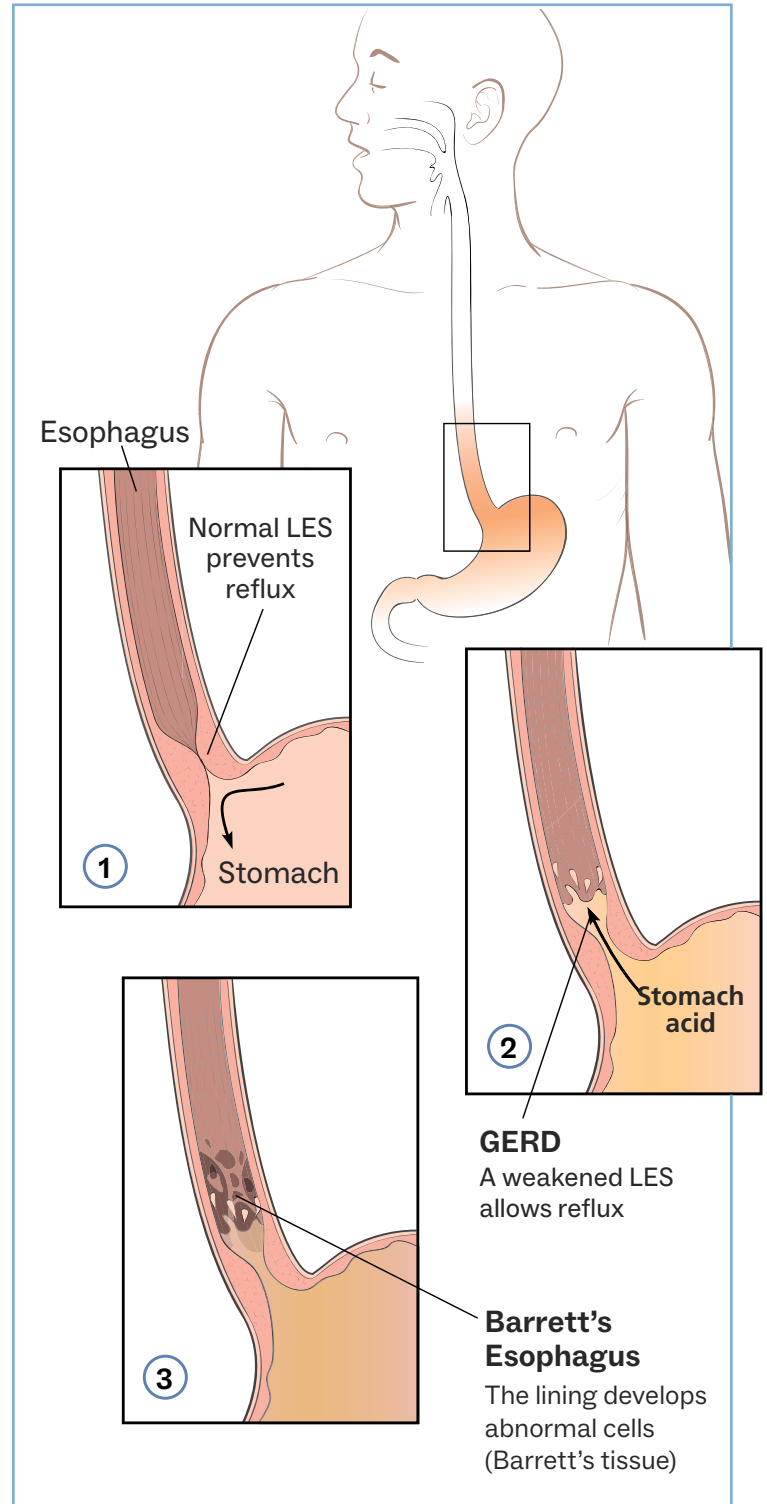
Barrett's esophagus [eh-SOF-uh-gus] is a condition in which the lining of the esophagus is damaged. The esophagus is the tube that carries food from the mouth to the stomach. Abnormal cells lining the esophagus are called Barrett's tissue.

People with this condition are at greater risk for a type of cancer called an **adenocarcinoma** [ad-n-oh-car-suh-NOH-muh]. Although the risk is small, this cancer is often deadly.

What causes Barrett's esophagus?

Barrett's esophagus is most often caused by **gastroesophageal** [gas-troh-eh-sof-uh-GEE-uhl] **reflux disease (GERD)**. Here's how this happens:

- **Normally when food goes down your esophagus and into your stomach**, it passes through a ring-shaped muscle called the lower esophageal sphincter (LES). The LES lets food from the esophagus into the stomach and then closes behind it.
- **When the LES is not working properly**, food and stomach acid can move back up (reflux) into the esophagus and throat. This irritates the esophagus and causes heartburn, indigestion, and difficulty swallowing. When this condition continues, it becomes GERD.
- **If GERD lasts a long time**, it can change the lining of the esophagus and cause Barrett's esophagus. About 10 in every 100 people with GERD get Barrett's esophagus. It's most common in white males over 50, and it's uncommon in children. People who don't have GERD rarely get Barrett's esophagus.



What are the symptoms?

Although it does not have its own symptoms, most people with Barrett's esophagus also have GERD. Symptoms of GERD include:

- Heartburn (burning sensation in chest)
- Regurgitation of food or acid
- Chest pain after meals
- Chronic cough
- Hoarseness
- Difficulty swallowing
- Sour or bitter taste in mouth
- Some patients may not experience symptoms

Warning signs to watch for

These symptoms may indicate complications and require prompt medical evaluation:

- Difficulty swallowing that worsens over time
- Hiccups that keep coming back
- Unintentional weight loss
- Vomiting blood or coffee-ground material
- Black or tarry stools
- Severe chest pain

If food gets stuck and cannot pass with liquids, go to the emergency room immediately

What are the risk factors?

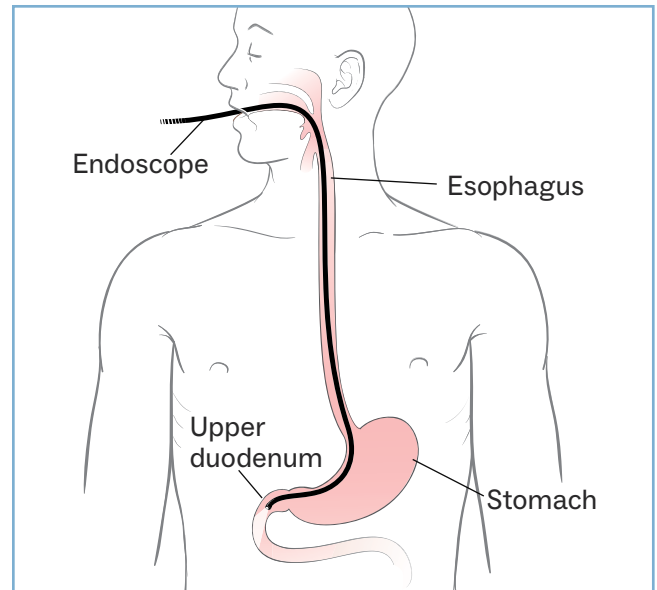
Risk factors are things that make it more likely that you could develop Barrett's esophagus.

These include:

- Chronic GERD (especially symptoms for more than 5 years)
- Male sex (2–3 times more common in men)
- Age over 50 years
- Obesity, especially central (abdominal) obesity
- Cigarette smoking
- Family history of Barrett's esophagus or esophageal cancer
- Hiatal hernia

How is Barrett's esophagus diagnosed?

Barrett's esophagus is diagnosed with a procedure called an upper endoscopy (EGD). During upper endoscopy, your doctor examines your esophagus with an endoscope to look for the salmon-colored Barrett's tissue.



During EGD:

- Multiple biopsies (tissue samples) are taken to confirm the diagnosis.
- The extent (length) of Barrett's esophagus is measured.

After EGD:

- The biopsies are examined under a microscope to check for dysplasia (precancerous changes).
- Advanced imaging techniques may be ordered to better detect abnormal areas.

The diagnosis must be confirmed by a pathologist, and any finding of dysplasia should be reviewed by an expert GI pathologist. Pathologists may use terms such as:

- **No dysplasia:** very low cancer risk; routine monitoring with EGD
- **Low-grade dysplasia:** Higher risk; routine monitoring with EGD and possible endoscopic treatment
- **High-grade dysplasia:** highest risk; usually requires treatment

How is Barrett's esophagus treated?

Your doctor may recommend any of the following:

- **Lifestyle changes.** These lifestyle changes won't reverse Barrett's esophagus, but they can help keep it from getting worse:
 - Don't lie down for 2 hours after eating.
 - Avoid alcohol, coffee, and smoking.
 - Avoid foods that cause heartburn.
 - Lose extra weight.
- **Medicine.** Acid-blocking medicines usually prescribed for GERD may help Barrett's esophagus. Be sure to take your medicines regularly and just as your doctor prescribes.
- **Wait and watch.** If your condition is not severe, your doctor may recommend that you have regular endoscopies to watch its progress. The doctor can take tissue samples during an EGD test to see if cancer is developing.
- **Procedures.** If low grade or high grade dysplasia is found, your doctor may recommend a procedure such as **RFA (Radio Frequency Ablation)** to remove the Barrett's tissue. These treatments have not been proven to cure Barrett's esophagus permanently.
- **Surgery.** Sometimes the only way to treat Barrett's esophagus is to surgically remove part or all of the esophagus.

What if Barrett's esophagus goes untreated?

For some people, leaving Barrett's esophagus untreated will cause no additional problems. But for a few, Barrett's will lead to cancer of the esophagus. If the cancer is not caught early, it's often deadly.

If you have Barrett's esophagus, you should have a regular EGD test. Ask your doctor how often you should have one. Your condition may never turn into cancer. But if it does, catching it early will help your doctor treat it effectively.

When should I call my healthcare provider?

Make an appointment with your healthcare provider if you have ongoing symptoms of GERD, such as:

- Frequent heartburn or chest pain, especially when lying down
- Trouble swallowing
- Sour-tasting fluid backing up into your mouth
- Coughing a lot
- Wheezing or hoarseness
- Symptoms that get worse when you eat, bend over, or lie down

Contact your doctor right away if you have these symptoms:

- Trouble swallowing
- Hiccups that keep coming back
- Vomiting red blood or vomit that looks like coffee grounds
- Black, tarry, or bloody stools (poop)
- Unexpected weight loss