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Barrett's Esophagus – State of the Art

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Abstract
Barrett's Esophagus (BE) is defined as a premalignant condition, where the esophageal squamous epithelium is replaced by intestinal epithelium. Specialized intestinal columnar metaplasia, typical for Barrett's esophagus, does not generate any symptoms. Most of the patients are initially seen for symptoms associated with the gastroesophageal reflux disease (GERD), such as heartburn, regurgitation and dysphagia. The histological progression from intestinal metaplasia to dysplasia and then to BE-associated adenocarcinoma forms the argument for screening and endoscopic monitoring. The examination of Barrett's esophagus is controversial. Certain groups suggest a screening of the patients who exhibit more risk factors for the development of esophageal adenocarcinoma (for instance, gastro-esophageal reflux disease, age > 50, male, high body mass index with abdominal fat distribution). The main reason behind the treatment of acid reflux is that it may lead to chronic esophageal inflammation, which in its turn may predispose to the development of cancer.
Key words: Barrett's esophagus, premalignant condition, columnar metaplasia, endoscopic ablation