

Barrett's Esophagus

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En Español (Spanish Version)

Definition

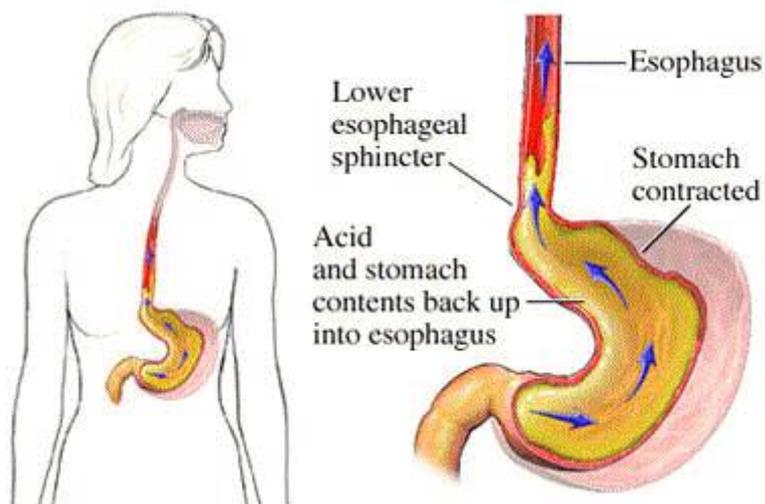
Barrett's esophagus is a complication of chronic esophagitis, which is inflammation of the esophagus.

Barrett's esophagus is characterized by a change in the cells lining the esophagus. Normal cells are flat-shaped (squamous) cells, while Barrett's esophagus cells are shaped like a column. This cell change is called metaplasia. It is a pre-malignant phase that may eventually result in cancer of the esophagus.

Causes

The exact cause of Barrett's esophagus is unknown. However, it may result from damage to the esophagus caused by the chronic reflux of stomach acid. Frequent or chronic reflux of stomach acid into the esophagus is called gastroesophageal reflux disease, or GERD.

Gastroesophageal Reflux



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Risk Factors

A risk factor is something that increases your chances of getting a disease or condition.

- Chronic heartburn
- History of GERD
- Age: 50 and over
- Sex: Male

Symptoms

Although Barrett's esophagus does not directly produce symptoms, people with GERD may experience the following:

- Heartburn
- Chest pain
- Nausea or vomiting
- Blood in vomit or stool
- Sore throat or chronic cough
- Hoarse voice
- Sour taste in mouth (acid reflux)
- Shortness of breath or wheezing
- Difficulty swallowing (dysphagia)

Diagnosis

The doctor will ask about your symptoms and medical history, and perform a physical exam. Tests may include:

- Endoscopy— a thin, lighted tube inserted down the throat to examine the esophagus
- Biopsy— removal of a sample of tissue from the esophagus during the endoscopy to be tested for cancer cells

Treatment

Once the cell changes of Barrett's esophagus occur, the changes are permanent. The goal of treatment is to prevent further damage by stopping the reflux of acid from the stomach. Treatment may include:

Medications

The following types of medications may be prescribed:

- H₂ blockers, such as:
 - Cimetidine
 - Ranitidine
 - Famotidine
 - Nizatidine
- Proton pump inhibitors, such as:
 - Omeprazole
 - Lansoprazole
 - Pantoprazole
 - Rabeprazole

Surgery

If the disease is severe or the medication is unsuccessful, your doctor may recommend surgery. Surgical options may include:

- Fundoplication— part of the upper stomach is wrapped around the esophagus; this is done to reduce further

damagecausedbyGERD

- Esophagectomy—removaloftheBarrett'ssegmentoftheesophagus

Monitoring

Yourdoctormayrecommendendoscopyabout(oratleast)every1-3yearstomonitortheesophagusforearly signsofcancer.Thisrecommendationmustbeindividualizedforeachperson.

Prevention

ThebestwaytopreventBarrett'sesophagusistominimizeand/ortreattherefluxofstomachacidintothe esophagus,whichisusuallyduetoGERD.Inadditiontodrugsorsurgery,self-caremeasuresforGERDinclude:

- Don'tsmoke.IfyouSmoke,quit.
- Ifyouareoverweight,loseweight.
- Elevatetheheadofyourbedon4-6inchblocks.
- Avoidclotheswithtightbeltsorwaistbands.
- Avoidfoodsthatcauseheartburn.Theseincludealcohol,caffeinatedbeverages,chocolate,andfoodsthat arefatty,spicy,oracidic(suchascitrusortomatoes).
- Eat4-6smallmealsperday.
- Donoteatordrinkfor3-4hoursbeforeyouliedownorgotobed.

RESOURCES:

NationalInstituteofDiabetesandDigestiveandKidneyDiseases

<http://www.niddk.nih.gov>

TheSocietyofThoracicSurgeons

<http://www.sts.org>

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TheSocietyofThoracicSurgeonswebsite.Availableat:<http://www.sts.org>.AccessedOctober11,2005.

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