

Barrett esophagus

Definition

Barrett esophagus (BE) is a disorder in which the lining of the esophagus is damaged by stomach acid. The esophagus is also called the food pipe, and it connects your throat to your stomach.

People with BE have an increased risk for cancer in the area involved. However, cancer is not common.

Alternative Names

Barrett's esophagus; GERD - Barrett; Reflux - Barrett

Causes

When you eat, food passes from your throat to your stomach through the esophagus. A ring of muscle fibers in the lower esophagus keeps stomach contents from moving backward.

If these muscles do not close tightly, harsh stomach acid can leak into the esophagus. This is called reflux or gastroesophageal reflux (GERD). It may cause tissue damage over time. The lining becomes similar to that of the stomach.

BE occurs more often in men than women. People who have had GERD for a long time are more likely to have this condition.

Symptoms

BE itself does not cause symptoms. The acid reflux that causes BE often leads to symptoms of heartburn. Many people with this condition do not have any symptoms.

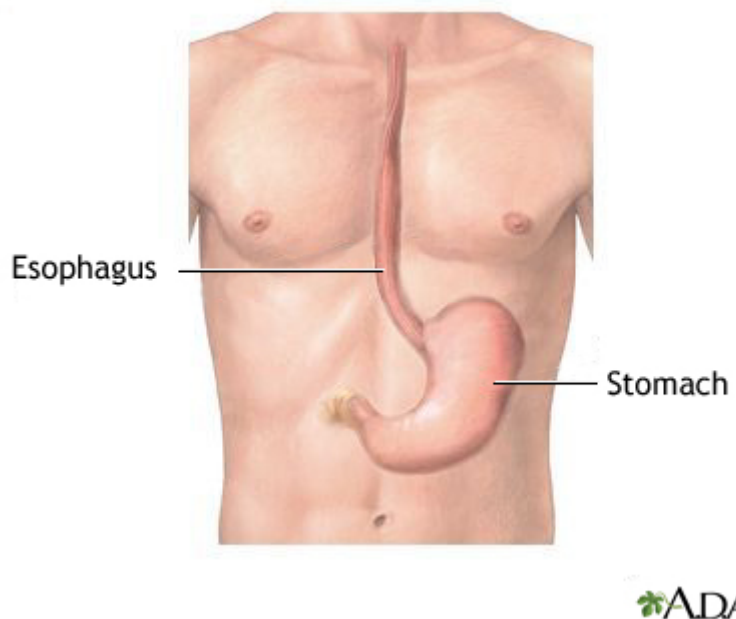
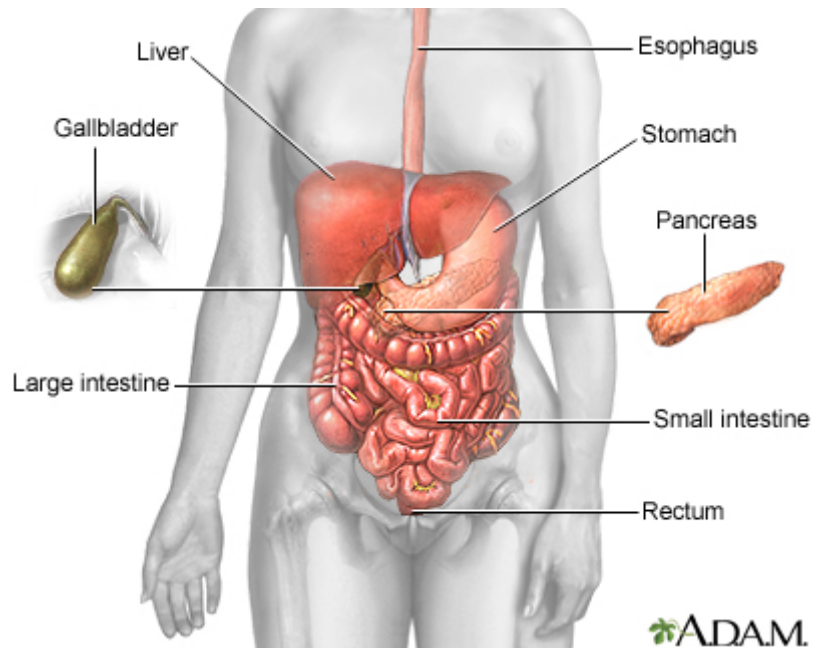
Exams and Tests

You may need an endoscopy if GERD symptoms are severe or come back after treatment.

During the endoscopy, your health care provider may take tissue samples (biopsies) from different parts of the esophagus. These samples help detect the condition. They also help look for changes that could lead to cancer.

Your provider may recommend a follow-up endoscopy to look for cell changes that indicate cancer. People with BE are recommended to have follow-up endoscopy every 3 to 5 years, or more if abnormal cells are found.

Treatment



TREATMENT OF GERD

Treatment should improve acid reflux symptoms, and may keep BE from getting worse. Treatment may involve lifestyle changes and medicines such as:

- Antacids after meals and at bedtime
- Histamine H2 receptor blockers
- Proton pump inhibitors
- Avoiding use of tobacco, chocolate, and caffeine

Lifestyle changes, medicines, and anti-reflux surgery may help with symptoms of GERD. However, these steps will not make BE go away.

TREATMENT OF BARRETT ESOPHAGUS

Endoscopic biopsy can show changes in the cell that may be cancer. Your provider may advise surgery or other procedures to treat it.

Some of the following procedures remove the harmful tissue in your esophagus:

- Photodynamic therapy (PDT) uses a special laser device, called an esophageal balloon, along with a medicine called Photofrin.
- Other procedures use different types of high energy to destroy the precancerous tissue.
- Surgery to remove the abnormal lining.

Outlook (Prognosis)

Treatment should improve acid reflux symptoms and may keep BE from getting worse. None of these treatments will reverse the changes that may lead to cancer.

When to Contact a Medical Professional

Call your provider if:

- Heartburn lasts for longer than a few days, or you have pain or problems swallowing.
- You have been diagnosed with BE and your symptoms get worse.
- You develop new symptoms (such as weight loss, problems swallowing).

Prevention

Early detection and treatment of GERD may prevent BE.

References

ASGE Standards of Practice Committee; Muthusamy VR, Lightdale JR, Acosta RD, et al. The role of endoscopy in the management of GERD. *Gastrointest Endosc*. 2015;81(6):1305-1310. PMID: 25863867 www.ncbi.nlm.nih.gov/pubmed/25863867.

DeMeester SR. The management of Barrett's esophagus. In: Cameron JL, Cameron AM, eds. *Current Surgical Therapy*. 12th ed. Philadelphia, PA: Elsevier; 2017:25-26.

Falk GW, Katzka DA. Diseases of the esophagus. In: Goldman L, Schafer AI, eds. *Goldman-Cecil Medicine*. 25th ed. Philadelphia, PA: Elsevier Saunders; 2016:chap 138.

Katz PO, Gerson LB, Vela MF. Guidelines for the diagnosis and management of gastroesophageal reflux disease. *Am J Gastroenterol*. 2013;108(3):308-328. PMID: 23419381 www.ncbi.nlm.nih.gov/pubmed/23419381.

Rich HG. Barrett esophagus. In: Ferri FF, ed. *Ferri's Clinical Advisor 2018*. Philadelphia, PA: Elsevier; 2018:172-174.e1.

Shaheen NJ, Falk GW, Iyer PG, Gerson LB; American College of Gastroenterology. ACG clinical guideline: diagnosis and management of Barrett's esophagus. *Am J Gastroenterol*. 2016;111(1):30-50. PMID: 26526079 www.ncbi.nlm.nih.gov/pubmed/26526079.

Spechler SJ, Souza RF. Barrett's esophagus. In: Feldman M, Friedman LS, Brandt LJ, eds. *Sleisenger and Fordtran's Gastrointestinal and Liver Disease: Pathophysiology/Diagnosis/Management*. 10th ed. Philadelphia, PA: Elsevier Saunders; 2016:chap 45.

Review Date: 1/12/2018

Reviewed By: Michael M. Phillips, MD, Clinical Professor of Medicine, The George Washington University School of Medicine, Washington, DC. Also reviewed by David Zieve, MD, MHA, Medical Director, Brenda Conaway, Editorial Director, and the A.D.A.M. Editorial team.