fbg FORT BEND gastroenterology
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BARRETT'S ESOPHAGUS

Barrett's esophagus is a condition that develops in some people who have chronic gastroesophageal reflux disease(GERD) or inflammation of the esophagus (esophagitis). In Barrett's esophagus, the normal cells that line the esophagus, called squamous cells, turn into a type of cell not usually found in humans, called specialized columnar cells. Damage to the lining of the esophagus – for example, by acid reflux from GERD – causes these abnormal changes.

People who have had regular or daily heartburn for more than 5 years may be at risk for Barrett's esophagus and should discuss the possibility with their physician. Symptoms include waking during the night because of heartburn pain, vomiting, blood in vomit or stool, and difficulty swallowing. Some people do not have symptoms.

Diagnosis involves an endoscopy to look at the lining of the esophagus and a biopsy to examine a sample of the tissue. To do an endoscopy, the doctor gently guides a long, thin tube called an endoscope through the mouth and into the esophagus. The scope contains instruments that allow the doctor to see the lining of the esophagus and to remove a small tissue sample, called a biopsy. The biopsy will be examined in a lab to see whether the normal squamous cells have been replaced with columnar cells.

Once the cells in the lining of the esophagus have turned into columnar cells, they will not revert back to normal. In other words, at this time, there is no cure for Barrett's esophagus. The goal of treatment is to prevent further damage by stopping any acid reflux from the stomach. Medications that are helpful include H2 receptor antagonists (or H2 blockers) and proton pump inhibitors, which reduce the amount of acid produced by the stomach. Examples of H2 blockers are cimetidine, ranitidine, and famotidine; the drugs omeprazole, rabeprazole and lansoprazole are proton pump inhibitors. If these medications do not work, surgery to remove damaged tissue or a section of the esophagus itself may be necessary. Fundoplication is the name of the surgery to remove part of the esophagus and attach the stomach to the remaining section.

Sometimes the damaged lining of the esophagus becomes thick and hardened, causing strictures, or narrowing of the esophagus. Strictures can interfere with eating and drinking by preventing food and liquid from reaching the stomach. Strictures are the opening treated by dilation, in which an instrument gently stretches the strictures and expands the opening in the esophagus.

About 5 to 10% of people with Barrett's develop cancer of the esophagus. Because of the cancer risk, people with Barrett's esophagus are screened for esophageal cancer regularly.

This information is provided by the National Digestive Diseases Information Clearinghouse, a service of the National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health.

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