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A Short Note on Barrett's Esophagus

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Description

Barrett's esophagus is an illness in which esophagus becomes injured by acid reflux, which causes the lining to thicken and become red. The flat pink lining of the swallowing tube that joins the mouth to the stomach is known as esophagus. There is an important valve present in between the esophagus and the stomach known as Lower Esophageal Sphincter (LES). Sometimes, the LES may start to fail and causing to acid and chemical damage of the esophagus, a disorder known as Gastroesophageal Reflux Disease (GERD). GERD is often escorted by symptoms like heartburn or regurgitation. In some people, this GERD may activate a transformation in the cells lining the lower esophagus, leads to Barrett's esophagus.

Barrett's esophagus is related with a high risk of emerging esophageal cancer. Although the chances of developing esophageal cancer are small, it's necessary to have regular check-ups with cautious imaging and wide biopsies of the esophagus to check for precancerous cells (dysplasia). If precancerous cells are diagnosed by doctors, they can be treated to avoid esophageal cancer.

Endoscopy is commonly used to determine whether you have Barrett's esophagus. In endoscopy a lighted tube with a camera at the end (endoscope) is passed down into the throat to check for symptoms of changing esophagus cells. The colour of the normal esophagus tissue appears pale and glossy but in Barrett's esophagus, the tissue looks red and velvety. After the removal of tissue through biopsy from the esophagus, the biopsied tissue can be examined to regulate the degree of change.

Pathologist specializes in examining tissue in laboratory and controls the degree of dysplasia in the esophagus cells. Because it can be difficult to identify dysplasia in the esophagus. On the basis of dysplasia tissue may be classified as:

- No dysplasia: Barrett's esophagus exists but precancerous changes are not found in the cells.
- Low-grade dysplasia: Cells show minor symptoms of precancerous changes.
- High-grade dysplasia: If cells have some changes. High-grade dysplasia is thought to be the end step before cells change into esophageal cancer.

The American College of Gastroenterology says screening may be suggested for men who have had GERD symptoms at least weekly that don't respond to treatment with proton pump inhibitor medication, and who have minimum two more risk factors, including:

- Having a history of Barrett's esophagus in family
- Being male
- Being white
- Being over 50
- Being a smoker
- Having Abdominal fat

While women are significantly less likely to have Barrett's esophagus, women should be screened if they have unrestrained reflux or have other risk factors for Barrett's esophagus. Medicines and surgery can efficiently regulate the symptoms of GERD. However, neither medications nor surgery for GERD can change the occurrence of Barrett's esophagus or eradicate the risk of cancer. There are some treatments present that can abolish the Barrett's tissue. These treatments can help in decreasing the expansion of cancer in some patients and comprise heat, cold energy or the use of light and special chemicals like photodynamic therapy.

There are possible risks from these medications and they may not profit the majority of patients with Barrett's esophagus. There is abundant research being lead in this area. Barrett's esophagus is common in both men and women. It occurs in middle aged Caucasian (white skinned) men who have had heartburn for many years.

Conclusion

Even in patients with heartburn, Barrett's esophagus is unusual and esophageal cancer is rare. One reference is to screen patients older than 50 years of age who have had major heartburn or who have needed regular use of medications to control heartburn for many years. If the first screening is negative for Barrett's tissue, there is no need of repetition. There is a great deal of on-going research in this area and so recommendations may change.

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