

What is Barrett's Esophagus?

OVERVIEW

Barrett's esophagus is a gastrointestinal condition that results in damage and changes to the tissue that lines the wall of your esophagus. The esophagus is a tube that carries food and connects the mouth and stomach. Barrett's esophagus is a risk factor for the development of esophageal cancer.



What are the Causes of Barrett's Esophagus?

You may develop Barrett's esophagus if you have long standing gastroesophageal reflux disease or GERD. This occurs from repetitive damage to the lining of the esophagus due to excessive exposure to stomach acid and bile. Over time the lining starts to resemble the lining in your intestine—a process you may hear your doctor refer to as intestinal metaplasia.

While there's no one cause of Barrett's esophagus, certain factors can make you more predisposed to developing the condition.

This can include:

- Chronic GERD. However, it's important to note that not everyone with GERD will develop Barrett's esophagus.
- History of smoking
- Obesity
- Sex—men are twice as likely to develop Barrett's esophagus
- Age—your chances of developing Barrett's esophagus increase with age
- Ethnicity- white patients are more likely to develop Barrett's esophagus

What are the Symptoms of Barrett's Esophagus?

Barrett's esophagus doesn't cause any symptoms. However, chronic GERD is a risk factor for Barrett's esophagus, with symptoms that can include:

- Heartburn
- Regurgitation
- Sore throat
- Chest pain
- Difficulty swallowing

Barrett's esophagus can lead to dysplasia, which is a precancerous change that can be a significant step to the development of esophageal cancer.

How is Barrett's Esophagus Diagnosed?

Schedule an appointment with a board-certified gastroenterologist if you have symptoms of GERD.

In addition to a complete health check and evaluating your family history of disease, your doctor may want to perform an upper endoscopy (EGD). During this procedure, a thin, flexible tube (endoscope) is passed through the mouth and advanced through the upper portion of the gastrointestinal (GI) tract, including the esophagus, stomach, and first part of the small intestine known as the duodenum. A light and small camera are attached to the end of the endoscope that allows doctors to visualize the inside of the GI tract, and a small opening beside the camera allows for passage of a small instrument used to collect biopsies (tissue samples) when warranted.

Treatment for Barrett's Esophagus is Safe When Performed by a Board-Certified Gastroenterologist

Slowing down the development or progression of Barrett's esophagus is key in the treatment of this gastrointestinal condition.

The way this happens is through the use of medication and changes to your lifestyle to decrease the occurrence of acid reflux and symptoms of GERD:

- Avoiding food that triggers your acid reflux
- Avoiding caffeinated drinks and alcohol
- Stopping smoking
- Weight loss
- Medications including proton pump inhibitors (such as omeprazole or Prilosec), antacids, and H2 blockers (such as famotidine or Pepcid)

Depending on the severity of your Barrett's esophagus, your gastroenterologist may also recommend the following procedures:

- Radiofrequency ablation (RFA) to destroy abnormal cells in the esophagus using radiofrequency energy (microwaves).
- Endoscopic spray cryotherapy that uses liquid nitrogen to freeze and kill off abnormal cells in the esophagus
- Endoscopic resection, where pieces of the lining of the esophagus containing Barrett's esophagus are removed during an upper endoscopy.

Less than 1% of all patients with Barrett's esophagus go on to develop esophageal cancer. Periodic exams with your gastroenterologist and changes to your lifestyle can help decrease the risk of cancer.