

Barrett's Esophagus

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Gastroesophageal reflux is a backward flow or reflux of stomach contents into the esophagus. The esophagus is the tube from the mouth to the stomach. Everybody has some reflux. Abnormal amounts of gastroesophageal reflux can cause gastroesophageal reflux disease (GERD). This can occur when the valve of smooth muscle between the esophagus and the stomach does not function properly. This muscle band is called the lower esophageal sphincter.



What is Barrett's Esophagus?

Some people with GERD disease develop Barrett's Esophagus. The cells lining the stomach and intestines are different than the cells lining the esophagus. The cells lining the stomach need to protect the stomach from acid. The cells of the esophagus do not need to protect the esophagus from acid. If there is reflux of acid into the esophagus, the esophagus may try to protect itself over time by developing cells similar to the intestine. When these types of cells occur, Barrett's Esophagus is diagnosed. These intestine cells may show abnormal changes or dysplasia over time. This is a concern because over time dysplasia (low grade, then high grade dysplasia) can develop into cancer of the esophagus.

What causes Barrett's Esophagus?

GERD is the most common cause of Barrett's Esophagus. Barrett's Esophagus can also be seen at birth, although this is not very common. Barrett's Esophagus tends to be seen more often in men than women.

What are the signs and symptoms of Barrett's Esophagus?

Many of the symptoms of Barrett's Esophagus are similar to the symptoms of GERD. Signs and symptoms of GERD include:

- Heartburn
- Sour taste in the mouth
- Pain occurring in the middle of the chest or stomach
- Chronic cough
- Choking sensation
- Increased trouble breathing while asleep

- Swallowing problems
- Sore throat
- Recurrent pneumonia
- Chronic sinusitis
- Silent GERD (no symptoms)

These symptoms may actually decrease with Barrett's Esophagus due to the difference in cells where the esophagus meets the stomach. In addition, some patients may have esophageal peptic ulcers and strictures (narrowing of the esophagus from scarring).

How is Barrett's Esophagus diagnosed?

An upper endoscopy or EGD is done to diagnose Barrett's Esophagus. The EGD allows the doctor to look inside the esophagus, stomach and small intestine. Your doctor will use a small flexible tube, starting at your mouth, to see inside your esophagus. A biopsy may also be done during the EGD. During a biopsy a small amount of the tissue is taken from the lining of the esophagus. The tissue can be studied closely to help determine if the cells where the esophagus and stomach meet show dysplasia. If dysplasia is seen this is identified as low grade, high grade or cancerous.

What is the treatment for Barrett's Esophagus?

The treatment for Barrett's Esophagus is similar to treatment for GERD. The following treatments may be recommended:

Lifestyle changes:

- If you are overweight, talk with your health care provider about losing weight.
- If you smoke, giving up smoking is important. Your health care provider will have ideas to help you quit.

Dietary measures:

- Limit citrus and tomato products, strong spices, caffeinated drinks, carbonated drinks, fatty foods, chocolate, mint and alcohol to decrease acid exposure of the esophagus.
- Eat smaller, more frequent meals rather than three large ones.
- Avoid food or liquids for 2-3 hours before bedtime.

Physical measures:

- Elevate the head of the bed 6-8 inches, by placing blocks under the legs of the head of the bed.
- Avoid bending forward at the waist.
- Avoid wearing tight fitting clothing.

Medications:

Medications that may be prescribed to help this condition include:

Proton Pump Inhibitors (PPI's)

Acid suppressing medicines that are used most commonly for patients with symptomatic GERD

- Prilosec® (omeprazole)
- Nexium® (esomeprazole)
- Prevacid® (lansoprazole)
- Protonix® (pantoprazole)

- Aciphex® (rabeprazole)
- Dexilant (dexansproazole)

H2 Antagonists

Acid suppressing medicines that are used to treat mild GERD

- Tagamet® (cimetadine), Zantac® (ranitidine), Pepcid® (famotidine), Axid® (nizatidine)

Promotility Agent

Medicine that moves the food through the stomach more quickly

- Reglan® (metoclopramide)

Surgery:

Occasionally surgery may be recommended to help strengthen the valve between the esophagus and stomach. This is called a fundoplication. If cancer is found, surgery is often recommended to remove the lower portion of the esophagus.

What monitoring is important with Barrett's Esophagus?

When a person is diagnosed with Barrett's Esophagus regular monitoring is important. Monitoring often includes endoscopy exams with a biopsy. The frequency will vary based on the biopsy results.

Visit our website for more information about support groups, clinical trials and lifestyle information.

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