

BARRETT'S OESOPHAGUS

This is a condition whereby the lining of the gullet (oesophagus) changes its appearance in response to long-standing and regular acid-induced damage. This protective change (called metaplasia) is unfortunately associated with a slight increase in the risk of developing cancer and is therefore called a pre-malignant condition. It is important to realise however that the vast majority of patients with Barrett's oesophagus die with it (ie from an unrelated condition) and not from it.

Barrett's oesophagus is more common in patients with a long history of heartburn (especially if the symptom is frequent and occurs at night) and in patients with a hiatus hernia.

Barrett's oesophagus is diagnosed at upper gi endoscopy; it is not seen on X-ray studies such as a barium swallow or CT scanning.

The British Society of Gastroenterology (www.bsg.org.uk) recommends that patients with Barrett's oesophagus take a drug called a proton pump inhibitor (such as omeprazole) each day long term to prevent any further acid-induced damage to the oesophagus. In addition, the BSG recommends that patients with Barrett's oesophagus consider entering a surveillance programme to undergo upper gi endoscopy every 2 years or so to inspect and sample the Barrett's metaplasia to look for pre-malignant changes called dysplasia. If this is found treatment with advanced endoscopy (to destroy the dysplastic cells) or even surgery may be required.