

Management of Barrett's Esophagus (BE) With High Grade Dysplasia (HGD) and Intramucosal Carcinoma

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A patient with BE with HGD or intramucosal carcinoma can be managed by surgical resection or nonsurgical management. The treatment should be individualized to ensure the best outcome. Nonsurgical management includes endoscopic mucosal resection (EMR), photodynamic therapy (PDT), and EMR followed by PDT. The accuracy of endoscopic ultrasound with a 20-MHz probe in distinguishing m1 (epithelium) or m2 (lamina propria) from m3 (muscularis mucosa) esophageal lesions ranged from 74% to 92%.¹⁻⁵ EMR improves the diagnosis and staging of superficial cancers in BE by providing larger and deeper tissue specimens.⁶ Esophagectomy carries substantial morbidity and a mortality rate of 3% to 5%.^{7,8} When HGD is found in short BE (≤ 30 mm), EMR can remove all the metaplastic epithelium. A 5-year survival rate of 95% was reported in selected patients with superficial esophageal cancers in whom EMR could be performed for cure.⁹ Immediate complications of EMR includes perforation (0.1–5%) and bleeding (10%), and long term complications include esophageal stenosis (0–30%).¹⁰⁻¹⁵ In a study of 103 patients, PDT provided complete remission in 94% of the patients with HGD and 44% of the patients with early carcinoma, with stricture rate of 30%, during a mean follow-up of 50.65 months.¹⁶ When there is a nodular lesion in a large Barrett's segment, greater than 4cm, by combining EMR with PDT, the nodular lesion can be effectively removed and the background Barrett's can be treated by PDT.¹⁵

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