"How to approach a patient with a long Barrett segment containing HGD in a decompensated esophagus"

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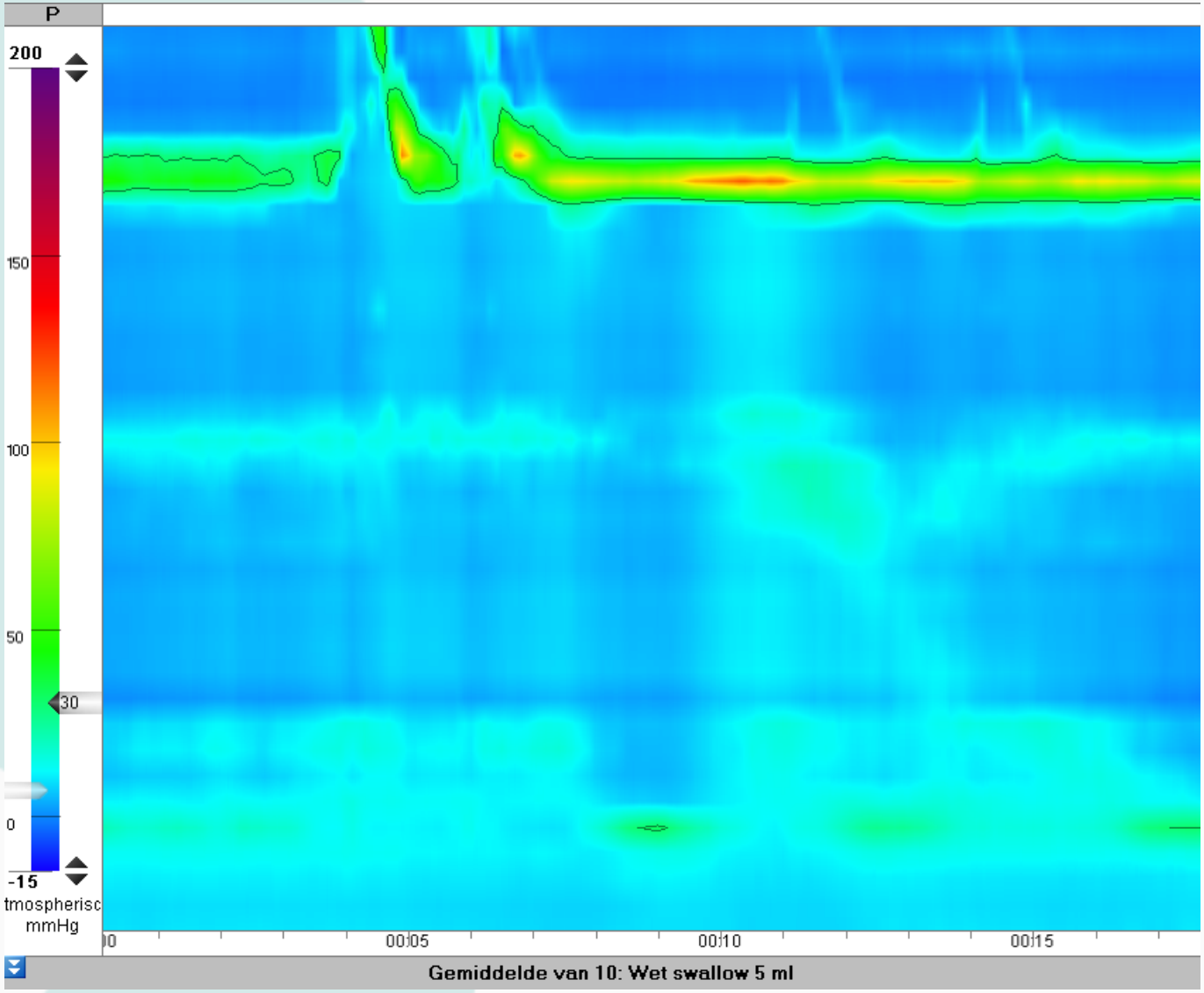
Case

A 68 year old patient with a history of refractory reflux presents with recurrent complaints of heartburn after a symptom free period following Nissen fundoplication.

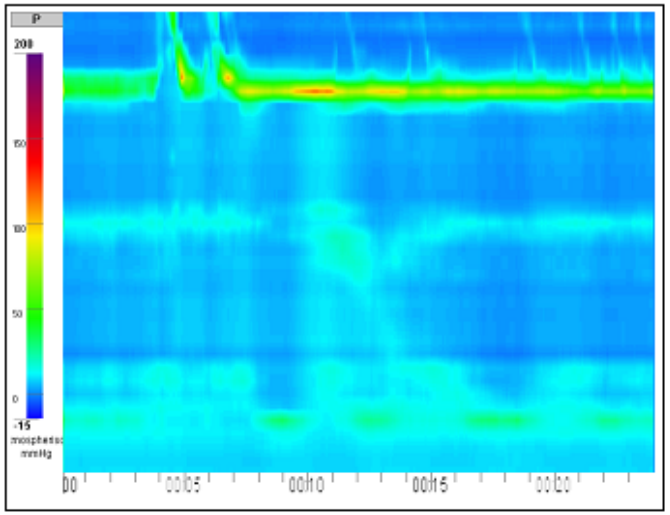
Medical history

- Refractory gastroesophageal reflux disease

- High resolution manometry showed failed esophageal peristalsis



Gemiddelde van 10 Wet swallow 5 ml



Chicago classificatie *

Weak peristalsis with large peristaltic defects

* The normal values and analysis are according to the Chicago Classification as published in Neurogastroenterology & Motility, 2012, Vol. 24, Suppl. 1, Page 1-65. The classification is valid for adults and based on series of 10 swallows of 5 ml water each, swallowed in a supine posture. The Chicago Classification is only applicable for primary esophageal motility disorders. The actual diagnosis remains under all circumstances the responsibility of the clinician/physician.

Esophagus

DCI	16	mmHg.s.cm
CFV	-	
Peristaltic breaks	14,5	cm
Distal Latency	-	

UES

Bovengrens	20,6	cm

LES

Bovengrens	42,5	cm
Rust druk (5e percentiel)	-2,7	mmHg
IRP 4 s	-0,9	mmHg
Intraabdominale lengte	-2,1	cm
Residu druk (mean)	-	
Relaxatie percentage (mean)	-	

Score parameter percentages

Peristaltic integrity		Contraction pattern		Intrabolus pressure pattern	
Intact	0 %	Normaal	70 %	Normaal	0 %
Weak	70 %	Rapid	0 %	EGJ	0 %
Failed	30 %	Premature	0 %	Compartmentalized	0 %
		Hyper	0 %	Panesophageal	0 %
		None	30 %	Onbekende pressurization	100 %

Surgical treatment

After extensive considerations the decision to treat the patient surgically was made and a Nissen fundoplication was performed.

Decursus

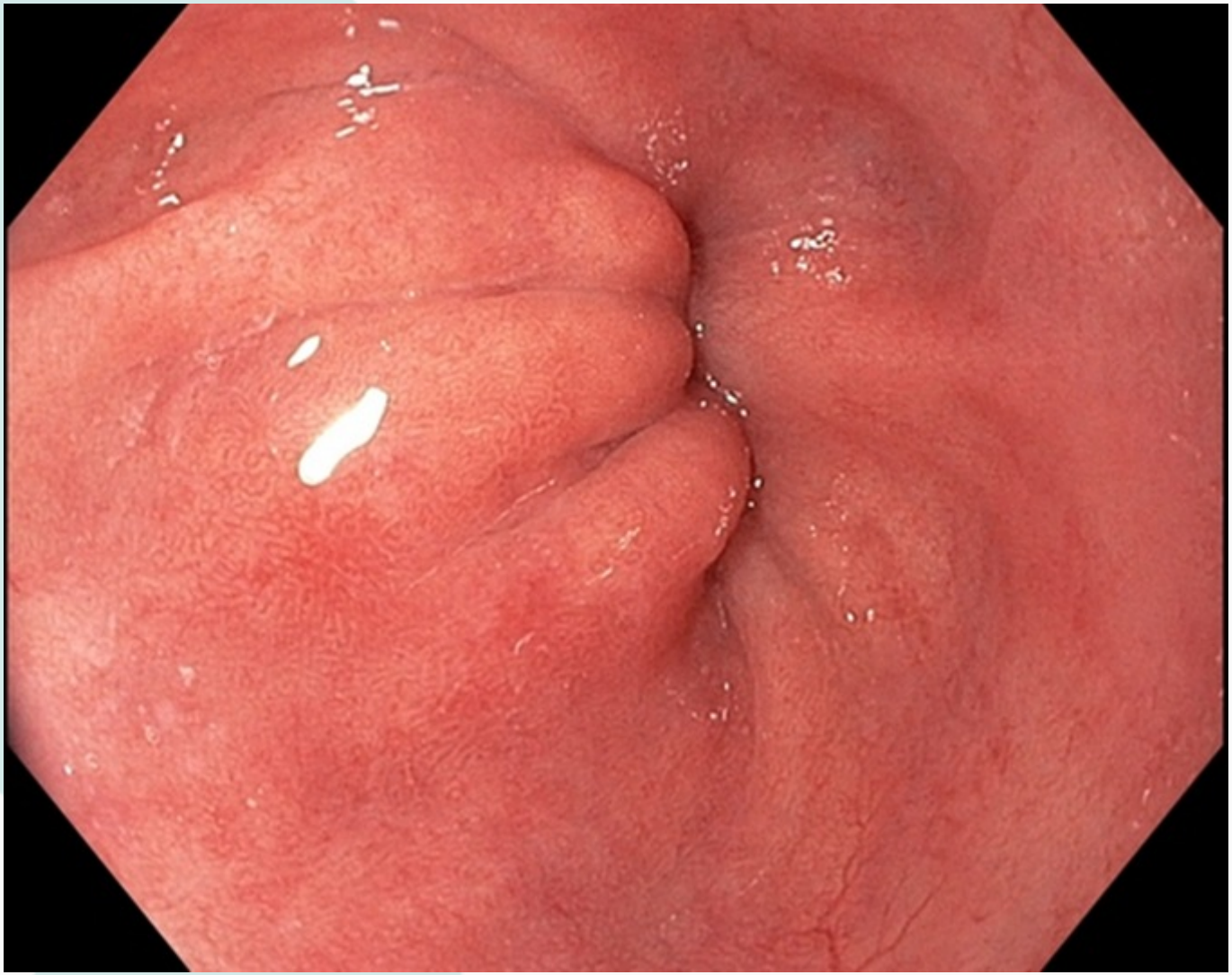
After the procedure the patient was initially free of symptoms.

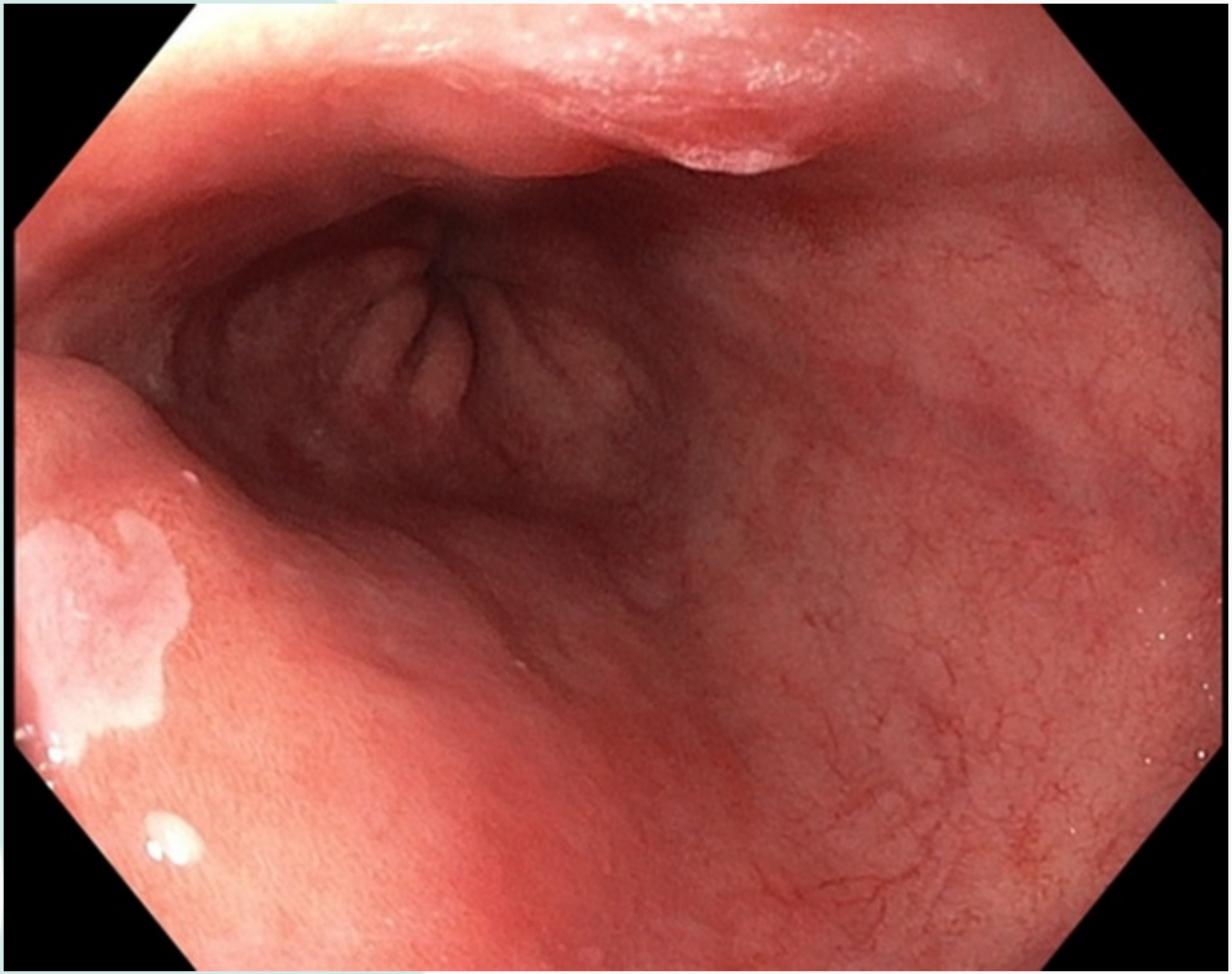
However, a couple of months later he returned to the outpatient clinic with recurrent complaints of heartburn under PPI (esomeprazol 2x 40mg)

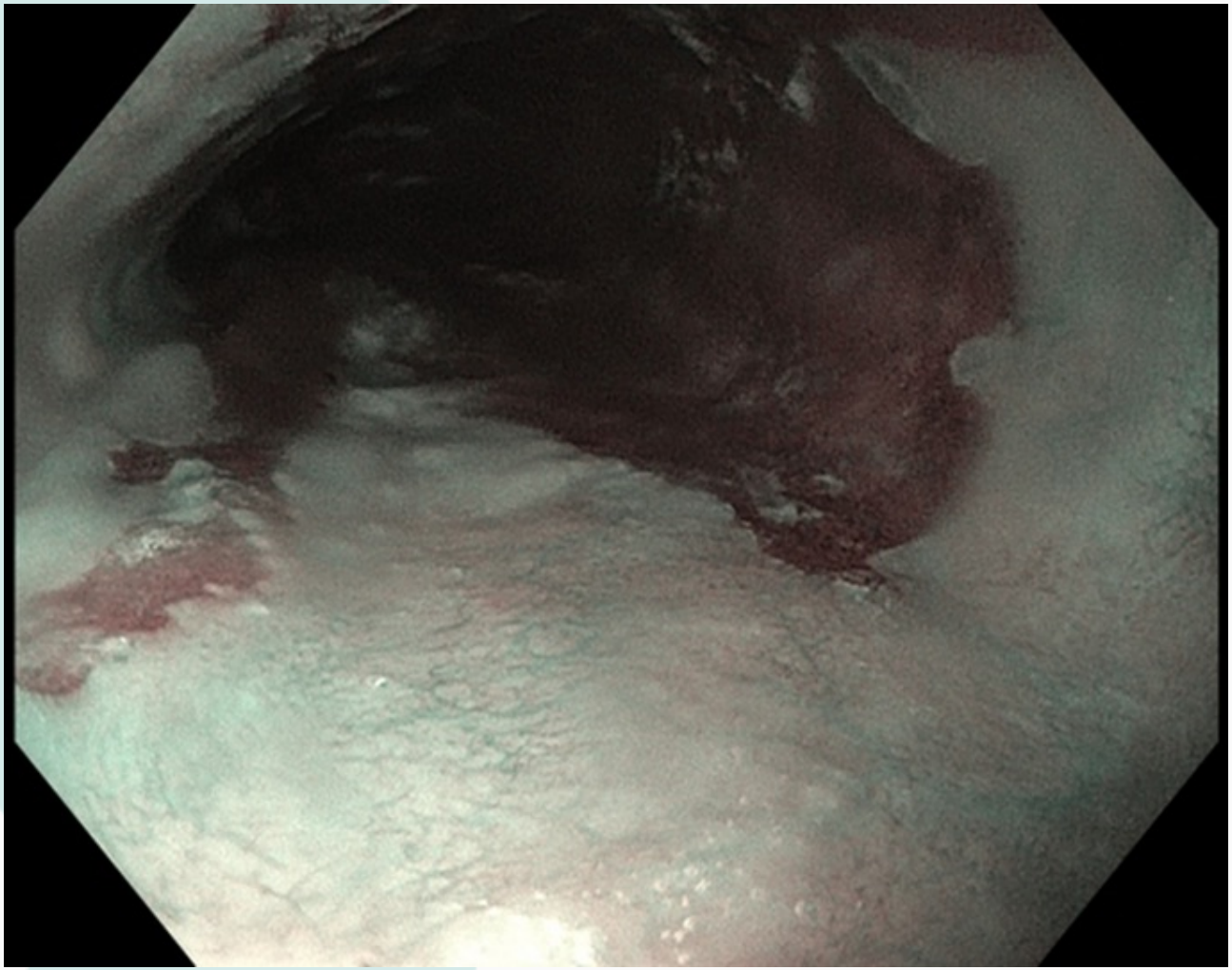
An additional esophageal impedance pH monitoring was performed showing no abnormalities.

Endoscopy

- C4M7 Barrett, no focal abnormalities with HDWL and NBI; biopsies at 3 levels.
- Normal appearing Nissen
- Stomach: no abnormalities, apart from retained food (last meal 16 hours before)







Histology

- Biopsies from esophagus at 33 (I), 35 (II) and 37-38 (III) cm from bite block
  - I: intestinal metaplasia with high grade dysplasia
  - II: intestinal metaplasia, no dysplasia
  - III: intestinal metaplasia, no dysplasia

In summary, we have a patient with a long Barrett segment containing HGD and recurrent complaints after Nissen fundoplication because of refractory GERD.

What to do?

Endoscopic or surgical treatment

Barrett esophagus?

The combination of HGD in a long Barrett segment in a severe decompensated esophagus with recurrent symptoms after anti-reflux surgery and the relatively young age of this patient makes surgery the first choice of treatment in this case.