

# New endoscopic treatment may spare Barrett's esophagus patients from surgery

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Early tumor formation in Barrett's esophagus (BE) can be effectively and safely treated with radiofrequency ablation (RFA), in combination with prior endoscopic removal of visible lesions, according to a new study in *Clinical Gastroenterology and Hepatology*, the official journal of the American Gastroenterological Association (AGA) Institute.

"Barrett's esophagus is the most important risk factor for the development of esophageal cancer, but there is no generally accepted management strategy for patients with early neoplasia in Barrett's esophagus," said Jacques J.G. H. M. Bergman, MD, of the Academic Medical Center and lead author of the study. "Combining endoscopic resection with complete removal of residual Barrett cells with radiofrequency ablation may decrease the recurrence of lesion formation and could potentially limit the number of Barrett's esophagus cases that progress to esophageal cancer."

In this European multi-center, prospective cohort study, doctors evaluated the safety and efficacy of this combined modality approach in 23 BE patients with high-grade intraepithelial neoplasia (seven patients) or early cancer (16 patients). Eradication of tumors and abnormal [intestinal cells](#) was achieved in 95 percent and 88 percent of patients, and after additional escape endoscopic resection in two patients, in 100 percent and 96 percent of patients, respectively. Complications after RFA included melena (dark tarry stool) and difficulty swallowing. After additional follow-up, no neoplasia recurred.

"Selection of Barrett's esophagus patients for endoscopic treatment involves thorough endoscopic work-up, the possibility to safely perform endoscopic resection and accurate histological evaluation of tissue specimens for the presence of risk factors for disease spread," added Dr. Bergman. "Patients in our study received care in highly specialized centers, making it difficult to extrapolate the high reported safety and effectiveness to all medical centers. We believe the use of radiofrequency ablation for Barrett's [esophagus](#) should be centralized in multi-disciplinary centers with this expertise."

Currently, the cornerstone of treatment of early BE tumors is endoscopic resection in which visible lesions are removed, and tumor infiltration depth and differentiation are assessed. After focal endoscopic resection, however, the residual Barrett mucosa remains at risk for malignant transformation and cancer recurrences are found in 30 percent of patients during follow-up. To prevent such lesions, endoscopic approaches have been studied in an attempt to eradicate the residual Barrett mucosa. The newer endoscopic ablation technique, RFA, has promising safety and efficacy results.

Provided by American Gastroenterological Association

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