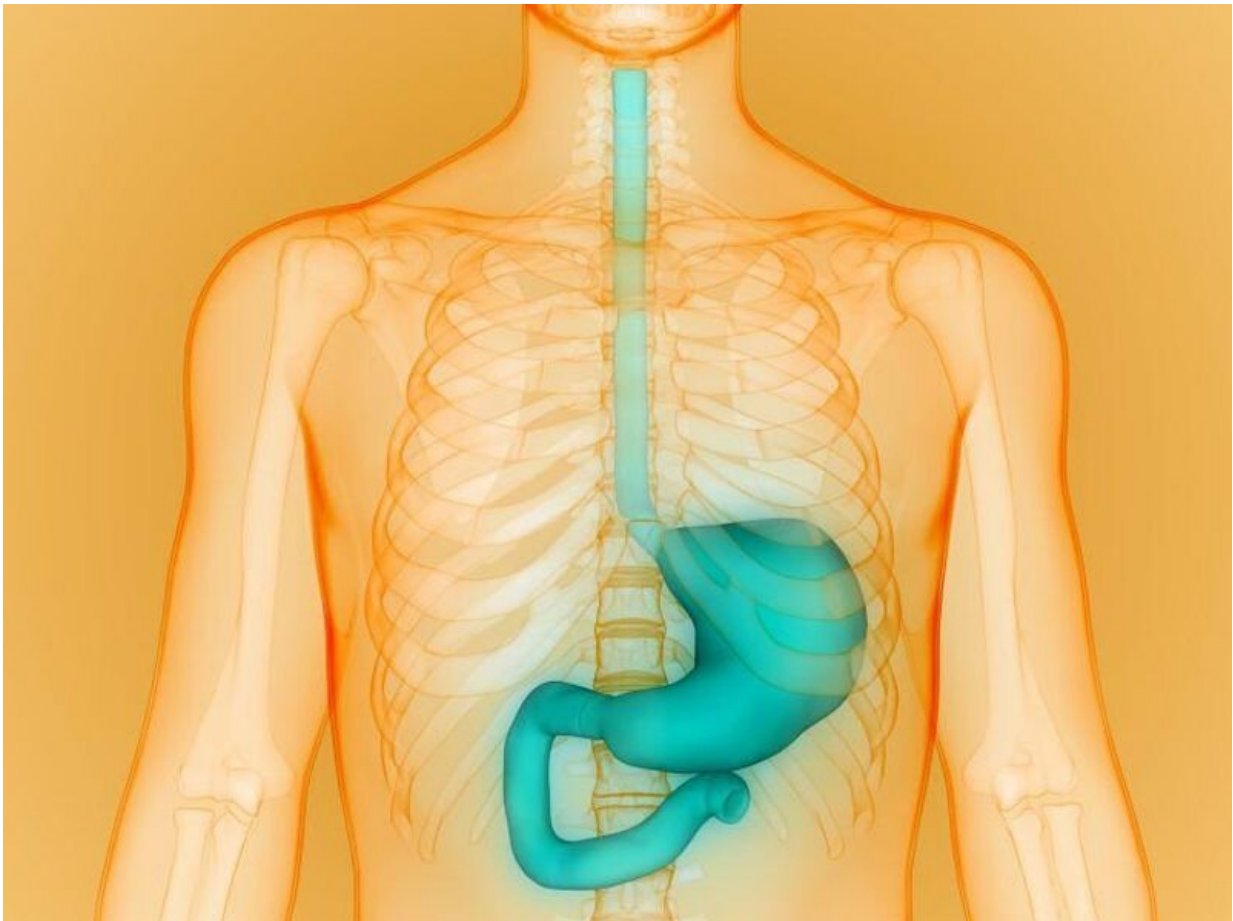


Guidelines updated for Barrett esophagus diagnosis and management

April 22 2022



In a new American College of Gastroenterology guideline, published in

the April issue of the *American Journal of Gastroenterology*, screening methods have been broadened and guidance has been updated on intervals and techniques of surveillance for patients with Barrett esophagus (BE).

Nicholas J. Shaheen, M.D., M.P.H., from the University of North Carolina at Chapel Hill, and colleagues developed updated [guidelines](#) for the [diagnosis](#) and management of BE.

The authors recommend that dysplasia of any grade detected on BE biopsies be confirmed by a second pathologist who has expertise in gastrointestinal pathology. Acceptable screening modalities for BE now include nonendoscopic methods. Both white light endoscopy and chromoendoscopy are recommended in patients undergoing endoscopic [surveillance](#) of BE. Length of BE segment should be considered when assigning surveillance intervals, with longer intervals reserved for those with BE segments

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