

BARRETT'S OESOPHAGUS

Diagnosis and definitions

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Barrett's oesophagus is a known complication of GORD. First described in 1950 as peptic ulceration in a tubular organ lined by columnar epithelium, it was interpreted as an intrathoracic tubular stomach with a congenitally short oesophagus. Later it was correctly identified as 'oesophagus lined with a gastric mucous membrane'. Currently, the commonly agreed definition of Barrett's oesophagus is the proximal migration of columnar epithelium (salmon-coloured mucosa) in the lower oesophagus extending more than 1 cm above the OGJ. The additional criterion of the biopsy-proven presence of mucus-secreting goblet cells or intestinal metaplasia is controversial. Endoscopically, the OGJ is defined as the proximal end of the longitudinal gastric folds under minimal air insufflation. It should not be confused with the diaphragmatic hiatal pinch or the squamocolumnar junction. The Prague C&M Classification for Barrett's length is based on validated, explicit, consensus-driven criteria, including assessment of the circumferential (C) and maximal (M) extent of the endoscopically visualised Barrett's segment (Figure 66.21). The length of Barrett's oesophagus is a risk factor for developing neoplasia.

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