ADENOCARCINOMA IN LONG SEGMENT BARRETT'S ESOPHAGUS IS DIFFICULT TO DIAGNOSE LATERAL MARGIN, BUT THE WIDTH OF WHITE ZONE MAY BE A KEY FINDING: A MULTICENTER RETROSPECTIVE STUDY

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Long-segment Barrett's esophagus is the primary risk factor for Barrett's esophageal adenocarcinoma with unclear lateral margins, while marginal crypt epithelium width may aid endoscopic diagnosis in all cases.

KEY POINTS

- In 68 resected Barrett's esophageal adenocarcinoma cases (47 clear, 21 unclear demarcation), multivariate analysis identified long-segment Barrett's esophagus as the sole significant risk factor for unclear margins (OR 10.38, 95% CI 2.14-50.19, p=0.004).
- Unclear demarcation was caused by similarity of pathological structures between cancerous and surrounding mucosa; foveolar length and width did not differ significantly in unclear cases (p=0.53 and p=0.72) but did in clear cases (p=0.03 and p=0.00).
- Marginal crypt epithelium width in cancerous areas was significantly shorter than surrounding mucosa in both clear and unclear groups, suggesting this white zone feature may be a key endoscopic diagnostic marker for all Barrett's esophageal adenocarcinoma lesions.
- This retrospective study from two institutions analyzed endoscopic submucosal dissection and surgical resection cases from January 2010 to September 2022 to characterize features affecting lateral margin diagnosis.

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