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Summary

MORPHOLOGY OF ULTRA-SHORT BARRETT'S ESOPHAGUS MAY BE INFLUENCED BY HELICOBACTER PYLORI INFECTION AND GASTRIC ATROPHY

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A retrospective study of 60 Japanese patients with ultra-short Barrett's esophagus found that those with Helicobacter pylori-related atrophic gastritis had significantly rougher squamocolumnar junction morphology than those without atrophic gastritis.

KEY POINTS

- Patients with atrophic gastritis had a mean SCJ/EGJ ratio of 2.26 versus 1.43 in those without atrophic gastritis ($p < 0.001$), indicating a rougher squamocolumnar junction circumference.
- The atrophic gastritis group was older (median 72 vs 49 years, $p < 0.001$) and had lower prevalence of reflux esophagitis (3% vs 36%, $p = 0.004$) than the non-atrophic gastritis group.
- The authors suggest that in Japan, rough margins of the squamocolumnar junction influenced by Helicobacter pylori infection and atrophic gastritis may be diagnosed as ultra-short Barrett's esophagus, and HP/AG status should be considered when diagnosing Barrett's esophagus.
- This material would be of interest to gastroenterologists involved in Barrett's esophagus diagnosis, particularly those practicing in regions with high Helicobacter pylori prevalence.

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