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Summary

From squamous to Barrett's: Endoscopic treatment of oesophageal neoplasia

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Oesophagus | Endoscopy | Digestive Oncology

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Endoscopic resection is the key diagnostic and therapeutic step for Barrett's and squamous neoplasia, with technique selection and post-resection management differing substantially between the two conditions.

KEY POINTS

- The speaker stated that endoscopic resection provides the most reliable T-staging for early oesophageal lesions, superior to CT, PET-CT, or endoscopic ultrasound, while simultaneously offering curative treatment for appropriately selected cases.
- For Barrett's neoplasia, the speaker reported that multiband mucosectomy achieved successful resection in 97% of almost 4000 procedures with low complication rates, while endoscopic submucosal dissection achieved 93% radical resection in a meta-analysis of over 500 patients with larger lesions.
- The speaker stated that after endoscopic resection of visible Barrett's lesions, guidelines recommend eradication of the remaining Barrett's segment because metachronous lesions develop in about 30% of cases within five years.
- Radiofrequency ablation of residual Barrett's achieved 92% neoplastic regression and 87% complete intestinal metaplasia eradication in 132 patients, with long-term follow-up of over 1000 Dutch patients showing recurrence rates below 1% per patient-year, according to the speaker.
- The speaker emphasized that squamous cell neoplasia is much more aggressive than Barrett's with a narrower endoscopic treatment window, requiring en bloc resection via ESD rather than piecemeal techniques, and stated ablation should not be used due to risk of recurrences.

– For circumferential squamous lesions exceeding five centimetres or those with suspected deep submucosal invasion, the speaker recommended considering surgery or chemoradiotherapy due to extremely high stricture risk and potential for non-curative resection.

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