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Summary

A RETROSPECTIVE REVIEW STUDY OF POST-GASTROSCOPY BARRETT'S ADENOCARCINOMA: CHARACTERISTICS AND RISK FACTORS

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Oesophagus

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A retrospective study of 28 patients with superficial Barrett's adenocarcinoma missed on prior gastroscopy identified location-specific patterns in detection failures.

KEY POINTS

- Most missed Barrett's adenocarcinomas (68%) were classified as misdiagnosis of malignancy, where images were taken but lesions were overlooked, rather than misdiagnosis of detection.
- Lesions at the 0 to 3 o'clock position were significantly more likely to be missed due to misdiagnosis of malignancy (15/19 vs. 3/9, P=0.03), frequently misdiagnosed as esophagitis.
- Lesions within long-segment Barrett's esophagus were significantly more likely to be overlooked due to misdiagnosis of detection (6/9 vs. 4/19, P=0.03), suggesting inadequate observation.
- The study reviewed 28 patients (24 male, mean age 65) with superficial Barrett's adenocarcinoma who had undergone gastroscopy within three years before diagnosis, with most intervals being 12-23 months (82%).
- The authors suggest careful differential diagnosis between esophagitis and Barrett's adenocarcinoma at the 0 to 3 o'clock position and recommend thorough observation of long-segment Barrett's esophagus using all available modalities.

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