

DEVELOPMENT OF EVIDENT BARRETT'S ESOPHAGUS IN ASIAN PATIENTS WITH IRREGULAR Z LINE: THE RATE, ASSOCIATED FACTORS, AND APPLICATION OF MUCOSAL PATTERNS

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Poster

Oesophagus

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In a cohort of 156 Asian patients with irregular Z-lines followed endoscopically for a median of 43 months, 9.6% developed short-segment Barrett's esophagus, with most cases identified at the first follow-up examination.

KEY POINTS

- BE developed in 15 of 156 patients (9.6%) during follow-up, all short-segmented, with only 1 of 85 patients (1.2%) receiving multiple follow-ups diagnosed after the first surveillance endoscopy.
- No significant associations were found between BE development and age, gender, BMI, diabetes, GERD history, smoking, PPI use, hiatal hernia, reflux esophagitis, or mucosal patterns in the entire cohort or the baseline IM subgroup.
- In patients without baseline IM, known GERD was significantly associated with subsequent BE, while smoking and IM mucosal pattern were linked to emerging IM.
- IM mucosal pattern was significantly associated with maximum mucosal tongue length and reflux esophagitis presence, and correlated with baseline IM except in patients with reflux esophagitis and maximum length 0.5–0.9 cm.
- The authors suggest that a single follow-up endoscopy may effectively identify BE development, and that patients without baseline IM and no known GERD may not require routine endoscopic surveillance.

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