gutflix
GI learning, personalised

Summary

THE QUALITY AND YIELD OF DEDICATED ENDOSCOPY FOR BARRETT'S OESOPHAGUS IS HIGHER THAN THAT IN CONVENTIONAL SERVICE: A MULTICENTRE RETROSPECTIVE COMPARATIVE STUDY

Yeng Ang

UEG Week Berlin 2025 | Poster

Oesophagus

October 4, 2025

A multicentre UK retrospective study of 1303 Barrett's oesophagus surveillance procedures found that dedicated expert surveillance achieved a significantly higher dysplasia detection rate (8.5%) compared with conventional surveillance (2.6%), with better adherence to quality indicators and lower complication rates.

KEY POINTS

- Dedicated surveillance detected dysplasia in 58 of 680 procedures (8.5%) versus 16 of 623 (2.6%) in conventional surveillance, a statistically significant difference (P<0.001).
- All assessed quality indicators—including Prague classification, visible lesion documentation, Paris classification, Seattle protocol adherence, and inspection time—were significantly better in the dedicated service (P<0.001).
- Regression analysis identified increasing age, male sex, visible lesion documentation, and Paris classification documentation as factors independently associated with higher dysplasia detection.
- Dedicated surveillance used advanced imaging techniques (narrow band imaging and acetic acid chromoendoscopy) significantly more often and had a significantly lower complication rate (P=0.05).
- The authors conclude that dedicated Barrett's surveillance services warrant prospective evaluation to assess impact on mortality, morbidity, and cost-effectiveness.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/dc52254e-a813-11f0-b8b1-0242ac140006

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.