

What's new on radiofrequency ablation for Barrett's esophagus

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The incidence of esophageal adenocarcinoma has significantly increased in last 3 decades, particularly in the West. Esophageal adenocarcinoma originates from Barrett's esophagus (BE) which is characterized by the presences of intestinal metaplasia resulted from gastroesophageal reflux disease (GERD). Although the rising incidence of adenocarcinoma phenomenon has not been observed in the East, the incidence of GERD has doubled in some countries in Asia-Pacific region in last 2 decades. Whether this will translate into the rising adenocarcinoma phenomenon in the East similar to the West is unknown but possible. Therefore, to identify this premalignant condition and offer timely appropriate treatment is important. Currently, the low incidence of BE in the East can be partially attributed to under diagnosis. Enhanced service model including multidisciplinary clinic comprised of expertise from different specialties, systemic teaching and training may improve the diagnostic yield.

Radiofrequency ablation (RFA) is an established endoscopic technique for eradication of BE. Malignant transformation is believed as take place in a stepwise sequence from nondysplastic intestinal metaplasia, to low-grade then high-grade dysplasia and lastly adenocarcinoma. RFA has been regarded as a standard of care for high-grade dysplasia given its higher risk of progression. However, there was once controversy among the eligibility of treatment of low-grade dysplasia even non-dysplasia versus regular endoscopic surveillance. Recent evidences suggested that RFA for low-grade dysplasia resulted in a reduced risk of neoplastic progression of BE. Updated treatment guidelines of RFA on BE will be reviewed in the lecture.

Technique of application of endoscopic RFA is standardized. Pros and cons of newly launched device will be covered. Post-therapeutic management protocol and advanced endoscopic imaging for surveillance are illustrated in the lecture.