

## Barret's Syndrome: Case Report

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### ABSTRACT

Barret's esophagus is a displacement of the squamocolumnar border (SCJ) site to proximal to the gastroesophageal junction (GEJ) accompanied by the presence of intestinal metaplasia. Also, it is called as Barret's syndrome or columnar epithelium lined lower oesophagus (CELLO). The medical significance of BE is its strong association with esophageal adenocarcinoma, a particularly lethal cancer. A 30 year old man presented with complaints of heartburn, nausea, vomiting that worsens at times who was diagnosed to have bronchitis & sinusitis for 7 years.

**KEYWORDS:** Barret's esophagus, squamocolumnar border, gastroesophageal junction, metaplasia

**How to cite this paper:** K Karpagam | Priyadharshini K "Barret's Syndrome: Case Report" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-7 | Issue-1, February 2023, pp.437-439, URL: www.ijtsrd.com/papers/ijtsrd52704.pdf



IJTSRD52704

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### INTRODUCTION

Barret's esophagus sometimes called barret's syndrome or columnar epithelium lined lower oesophagus (CELLO) is the complication of chronic GERD that is characterized by intestinal metaplasia within the esophageal squamous mucosa which is defined as the replacement of the normal distal stratified squamous mucosa by metaplastic columnar epithelium containing goblet cells. The incidence is rising and estimated to occur in as many as 10 % of individuals with symptomatic GERD.

### Case Description

A 30 year old man presented with the report of heartburn in the chest for 14 years, that frequently recurs and sometimes the burning sensation is upto the larynx. The complaints worsen if he lies flat, consumes fatty foods or coffee and also had nausea, vomiting, bloating and constipation.

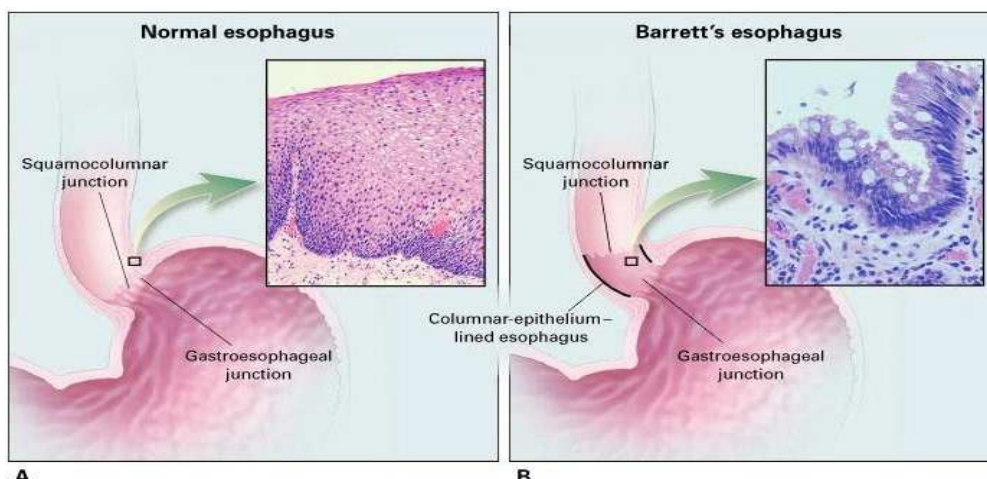
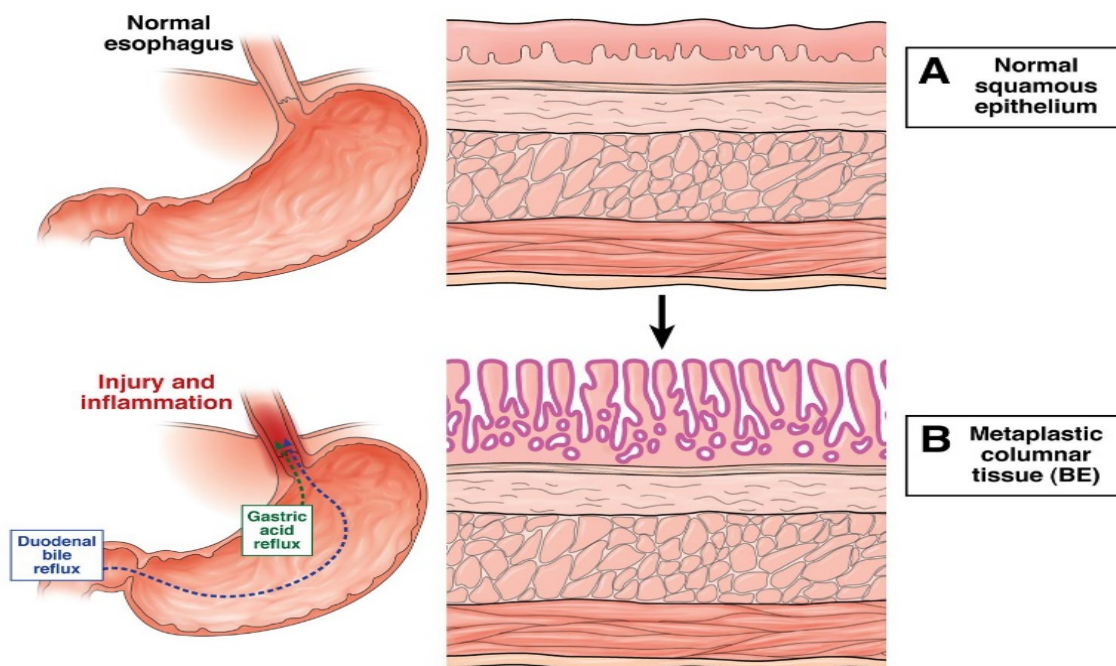


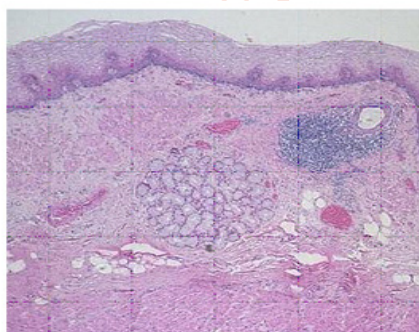
Fig 1: Normal esophagus vs Barrett's esophagus

He also had recurring shortness of breath for 7 years and was diagnosed with bronchitis and has a history of maxillary sinusitis for 7 years. on examination, general condition was moderate, symmetrical chest Wall movement, no vesicular breathing sounds, increased bowel sounds with unpalpable liver and spleen. In abdominal ultrasound, a lot of gas found in the intestine\

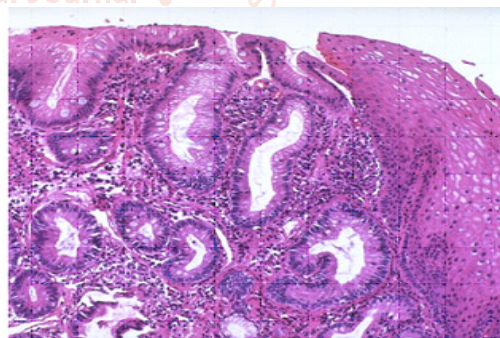


**Fig 2: Normal squamous epithelium VS metaplastic columnar tissue (BE)**

In endoscopic examination, a mild patch of hyperemic spots with mucosal break of 7 mm and barret's esophagus with a length of 2 cm, hyperemia and erythema were found on the antrum of the pylorus.



This is normal esophageal squamous mucosa at the top, with underlying submucosa and muscularis propria



Barrett's esophagus in which there is gastric-type mucosa above the gastroesophageal junction. Note the columnar epithelium to the left and the squamous epithelium at the right.

**Fig 3: Histology depicting the difference**

The patient was prescribed with medications and lifestyle changes and after 2 weeks of treatment, his condition improved and was advised to continue the therapy and undergo another endoscopy a year later.

### Discussion

In barret's esophagus, the tissue lining the esophagus is replaced by tissue that is similar to the lining of the intestine which is associated with GERD that is diagnosed through an upper gastrointestinal endoscopy and biopsies. Endoscopic treatments are used to destroy barret's tissue which will hopefully be replaced with normal esophageal tissue. Removal of most of the esophagus is recommended if a person with BE is found to have severe dysplasia or Cancer and can tolerate a surgical procedure.

### Conclusion

The diagnosis of barret's syndrome requires both endoscopic evidence of abnormal mucosa above the gastroesophageal junction and histologically documented intestinal metaplasia. Management of esophageal dysplasia is evolving and it is hoped that improved molecular understanding of neoplastic progression May allow development of chemo preventive approaches that reduces incidence of esophageal adenocarcinoma

**Conflict of Interest**

None

**Funding**

None

**Consent for publication**

Informed consent was obtained from the patient to publish this case in medical journal.

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