Barrett's esophagus and other GERD dangers

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Upwards of 26% of the population in the Western world suffers from weekly acid reflux symptoms. These include heartburn, regurgitation of food or gastric contents, trouble swallowing, nausea and even atypical symptoms, such as cough, hoarseness and the sensation of a lump in the throat.

Because of the prevalence of acid reflux, also known as gastoesophageal reflux disease (GERD), the majority of these patients eventually end up on proton pump inhibitor (PPI) medications, such as omeprazole (brand name Prilosec) or esomeprazole (brand name Nexium). These popular medications have generated many eye-catching newspaper headlines during the past few years related to their potential side effects and interactions.

Before we discuss these medications and other treatment options, we should first understand the possible dangers of having acid reflux, particularly if it remains untreated. One danger, Barrett's esophagus is a chronic condition in which specialized pre-cancerous cells replace the lining of the lower esophagus. Estimates of the likelihood of Barrett's in GERD patients range from 0.9% to 20%. This condition produces no symptoms, and is typically discovered during upper endoscopy (EGD). An EGD is an exam done by a gastroenterologist where a thin flexible lighted scope is inserted down the back of the throat into the esophagus, stomach and small intestine.

Though we have found this disease in patients of all ages and races, Barrett's is twice as common in Caucasian men, and the average diagnosis age is 55. In our practice, we have several patients in their 20s and 30s who carry this diagnosis. The major concern in patients who suffer from chronic reflux is esophageal cancer. Between 0.2% and 2% of patients per year with Barrett's esophagus develop a cancer of the esophagus known as adenocarcinoma. Typically, national gastroenterology organizations recommend an initial EGD for patients who suffer weekly GERD symptoms that have been present for at least five years.

Barrett's esophagus is a chronic condition in which specialized pre-cancerous cells replace the lining of the lower esophagus.

Once the diagnosis of Barrett's is made, we educate patients on following strict anti-reflux precautions, which may include eliminating or decreasing caffeine, alcohol, nicotine, spicy foods and late-night snacking. All patients are started on a PPI, and surveillance EGDs with biopsies of the abnormal tissue are repeated every one to three years.

If advanced cells known as dysplasia are identified under the microscope, more invasive treatment options to destroy this tissue are performed, such as radiofrequency ablation, cryotherapy and even surgical removal of the esophagus in advanced cases.

Because PPI therapy is now available over the counter and therefore used for problems that are often not acid-mediated, it seems I end up stopping this medication in newly referred patients almost as often as I initiate it. However, long-term PPI therapy is essential for many patients, including those with Barrett's esophagus.

Recently, concerns have been raised about potential consequences of long-term PPI use, including fractures, vitamin and mineral malabsorption, bacterial infections and interactions with other medications, such as clopidegrel (brand name Plavix).

A well-read article published recently even suggests PPIs may be tied to esophageal cancer. It's important to note there is no evidence in this article that PPIs cause esophageal cancer. If you take a PPI chronically, you should discuss these concerns with your physician prior to discontinuing the medication on your own.

Our physicians at the South Hills Endoscopy Center are available to see new patients for all types of gastrointestinal, pancreas and liver problems. Primary care referrals for initial office consultations or endoscopic procedures are often unnecessary.