

Additions and Corrections

This additional contribution becomes an integral part of the Biomedical Papers, Volume 147, SUPPLEMENT 1, October 2003, dedicated to the XXIX Congress of the Czech and Slovak Gastroenterological and Hepatological Societies, held October 2–4, 2003 in Olomouc, Czech Republic.

Editors express their apology to the authors for non-inclusion of the above contribution to the collection volume of the Biomed. Papers, which was caused by technical problems.

SURGERY OF BARRETT'S ESOPHAGUS

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Background

The occurrence of Barrett's esophagus (BE) within the general population is not exactly known to date. It is assumed that the prevalence of BE is about 1 %. The patients with gastroesophageal reflux disease (GERD) have a prevalence of BE 12 %. Cytological and structural abnormalities in the metaplastic mucosa of BE are labeled dysplasia. Antireflux surgery is used for BE with metaplasia that does not overstep low-grade dysplasia.

Patients and methods

In the period 1998–06/2003 a prospective study was performed on a group of patients with the GERD diagnosis (132 patients) and patients of GERD/BE group with low-grade dysplasia (14). All were treated with laparoscopic fundoplication. The average age of patients was 53.8 years, 11 men and 3 women. The average length of the Barrett's segment was 4.6 cm, average time of operation 72 min. In 11 cases laparoscopic Nissen fundoplication, and in 3 cases laparoscopic Rossetti fundoplication were used. The postoperative check-ups followed for 2 months after the operation and after that once every year.

Results

The results proved no histological deterioration; in five cases (35.7 %) it came to a regression of the state, and in one case (7.14 %) to a complete reepithelization with mixed spinocellular and cylindrical components. No differences were traced between the GERD patients group and the GERD/BE group. In 9 patients (64.3 %) from the

GERD/BE group the subjective symptoms disappeared completely and five patients (35.7 %) recorded certain improvement of the symptoms with occasional mild form of dysphagia or pyrosis.

Conclusions

According to our opinion as well as opinion anchored in the literature, the surgical antireflux treatment is safe and effective, and provides for a long-term persistence effect. The minimally invasive therapeutical approach, meaning the laparoscopy mainly, increases the effectiveness of this therapy. Antireflux surgical therapy can lead to a spinocellular reepithelization in the Barrett's metaplasia and to stabilization or at least to a partial regress of metaplasia without any need for long-term medication.

The following surveillance endoscopy and biopsy is strictly recommended for all patients with BE and also patients with BE after the antireflux surgery. The intervals are depended on the grade of dysplasia.

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