



ESOFAGO DI BARRETT

Gruppo di Studio sui tumori dell'esofago

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DOMANDA

Qual è il trattamento endoscopico più appropriato nel Barrett con displasia?

La diagnosi di qualsiasi grado di displasia in Esofago di Barrett necessita di conferma da parte di un anatomopatologo esperto in Gastroenterologia.

I pazienti con lesioni visibili in Esofago di Barrett diagnosticate come displasia o early cancer dovrebbero essere indirizzati ad un centro esperto in gestione dell'Esofago di Barrett.

Tali anomalie, indipendentemente dal grado di displasia, devono essere asportate mediante tecniche di resezione endoscopica al fine di ottenere un'ottimale stadiazione istopatologica. L'esofago di Barrett residuo andrà poi incontro a trattamento ablativo con radiofrequenza.

Il paziente con **displasia di basso grado**, che risulta confermata da un patologo esperto e presente anche su biopsie eseguite ad un controllo successivo a 6 mesi, andrà incontro ad ablazione endoscopica con radiofrequenza.

Nei pazienti con **displasia di alto grado (HGD)**, confermata da un secondo patologo esperto, se non sono visibili lesioni sospette per neoplasia, occorre effettuare biopsie random nei 4 quadranti; se queste biopsie risultano negative per presenza di HGD, l'EGDS va ripetuta a 3 mesi. Se invece queste biopsie confermano la presenza di HGD, è raccomandata l'ablazione endoscopica, preferibilmente con RFA.

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