

**Part
one****Part
two/
three****Part
four**

- Q1 (d), (e) Lack of weight loss or even weight gain does not rule out potentially serious disease. Many patients with chronic oesophagitis for example drink extra milk to ease symptoms, and this can cause considerable weight gain. He does have three 'red flags' for Barrett's oesophagus – male sex, obesity and smoking.
- Q2 (b), (d), (e) Perhaps surprisingly alcohol consumption is not a separate risk factor for Barrett's oesophagus. It affects seven times more males than females, and is much more common after the age of 50. It is a common complication of hiatus hernia.
- Q3 (b), (c), (d) Barrett's oesophagus is not benign. Its conversion rate to malignancy is 0.33% per annum in patients with as yet non-dysplastic epithelium, but rises to 10% per annum in patients with dysplastic changes. Male sex, obesity and a near relative with the same condition raise the risks of neoplastic change.
- Q4 (a), (c), (e) Joseph's first priority is to relieve his symptoms, so medication to relieve the heartburn and advice on lifestyle (particularly to lose weight, thereby reducing the hiatus hernia and the reflux) is your first action. Barrett's oesophagus will not resolve by itself, so patients with it need to be followed up long-term, but not necessarily with repeat endoscopy. The initial endoscopy findings determine what needs next to be done. A short segment of columnar epithelium with goblet cells (non-dysplastic Barrett's) without intestinal metaplasia can safely be left without repeated endoscopies, provided the patient is seen regularly. However, patients with low grade dysplasia need at least six-monthly endoscopic surveillance, and those with high grade dysplastic changes should be offered either radiofrequency ablation or mucosal resection. If adenocarcinoma is present, surgery is essential – usually oesophagectomy with or without lymph node dissection.

Joseph, happily, was in the first category, with a short area of non-dysplastic Barrett's oesophagus. He is being followed up by his local doctor, but it has been decided that there is no need yet for further endoscopy. More important is his chest. Years of smoking have left him with chronic obstructive lung disease. All efforts to help him stop smoking have so far failed, and his lung function tests are deteriorating fast.

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