
4.3. Blitzkrieg for Barrett's esophagus containing early neoplasia

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“Endoscopic” blitzkrieg, the multicenter European effort by Pouw RE et al., described in the current issue of *Clinical Gastroenterology and Hepatology*, sought to assess the safety and efficacy of radiofrequency ablation (RFA) in conjunction with baseline endoscopic resection (ER) for high-grade intraepithelial neoplasia (HGIN) and early cancer (EC) in patients with Barrett's esophagus (BE). The authors used ER and RFA to eradicate not only the neoplasia manifested as a visible lesion(s) (the *Schwerpunkt*) but also -and very importantly - the accompanying field of residual neoplasia and metaplasia in all cases. In this way, the most active and biologically dangerous areas of HGIN and EC were resected and histologically assessed *en bloc*, while the remaining areas of enemy soil (aka metaplasia) carrying the potential of future assault on the patient were then carpet-bombed into oblivion. More plainly stated, visible (nodular or irregular) early neoplastic lesions were endoscopically resected, followed by serial (circumferential or focal) RFA sessions until complete eradication of visible Barrett's tissue was achieved (reported by the authors as a complete histological response for IM (CR-IM)).