
**4.12. Selected commentary to “Radiofrequency ablation in Barrett’s esophagus with dysplasia”
(Shaheen NJ, Sharma P, Overholt BF, et al. N Engl J Med 2009;360:2277-88)**

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Eur Surg 2009;41:132-5

The study demonstrates the danger of dysplasia. 19% of persons in the sham group developed cancer within one year. This indicates that the cancer probably has already developed at the time of the diagnosis of dysplasia. RFA is a safe procedure. Why not consider RFA earlier in the sequence? Let us consider RFA to eliminate intestinal metaplasia, followed by an effective fundoplication around the dilated end stage esophagus. Thus modern management of Barrett’s esophagus and dysplasia will include RFA and fundoplication. This in turn requires the open minds for the interdisciplinary approach. RFA can be conducted by surgeons and gastroenterologists. On the basis of these considerations and the thoughts presented within the Editorial, RFA has been introduced at the Vienna Medical School, Vienna General Hospital as an interdisciplinary treatment including a highly motivated team of gastroenterologists (Michael Hafner, Andreas Puspok), surgeons (Johannes Zacherl, Sebastian Schoppmann) and nurses serving for the patient. For the benefit of our patients we should fulfill this challenge.