Polypoid Barrett's High-Grade Dysplasia in a Patient with Familial Adenomatous Polyposis: a Unique Association

H. C. Wolfsen

Division of Gastroenterology and
Hepatology, Mayo Clinic, Jacksonville,
Florida, USA

Corresponding Author

H. C. Wolfsen, M.D.

Mayo Clinic
4500 San Pablo Road
Jacksonville, Florida 32224
USA

Fax: +1-904-953-7260

E-mail: pdt@mayo.edu

Figure 1 A 30-year-old white man with familial adenomatous polyposis (FAP) was referred for evaluation of Barrett's esophagus with high-grade dysplasia, an association not previously reported. Diagnosed during adolescence with FAP, he had undergone proctocolectomy in 1996. Subsequently, screening endoscopy for duodenal polyps detected long-segment Barrett's glandular mucosa replacing most of the esophageal mucosa (14 cm segment length), with polypoid changes. Similar-appearing polyps were noted throughout the stomach and duodenum.

Figure 2 The histopathology section demonstrates overlying normal esophageal squamous mucosa, undermined by Barrett's glandular epithelium with high-grade dysplasia. The patient declined invasive treatment with porfimer sodium photodynamic therapy or esophageal resection. Medical therapy with a nonselective nonsteroidal anti-inflammatory drug, combined with high-dose proton-pump inhibitor treatment, was initiated.