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

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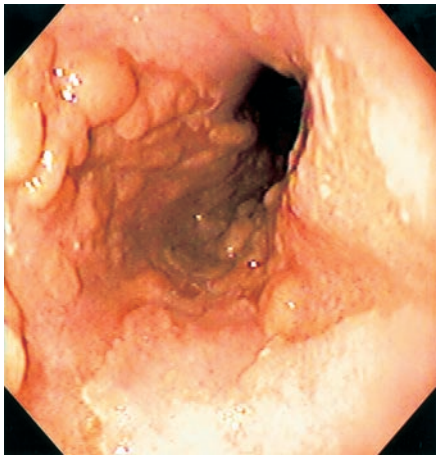

Figure **1** A 30-year-old white man with familial adenomatous polyposis (FAP) was referred for evaluation of Barrett's esophagus with high-grade dysplasia, an association not previously reported. Diagnosed during adolescence with FAP, he had undergone proctocolectomy in 1996. Subsequently, screening 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.

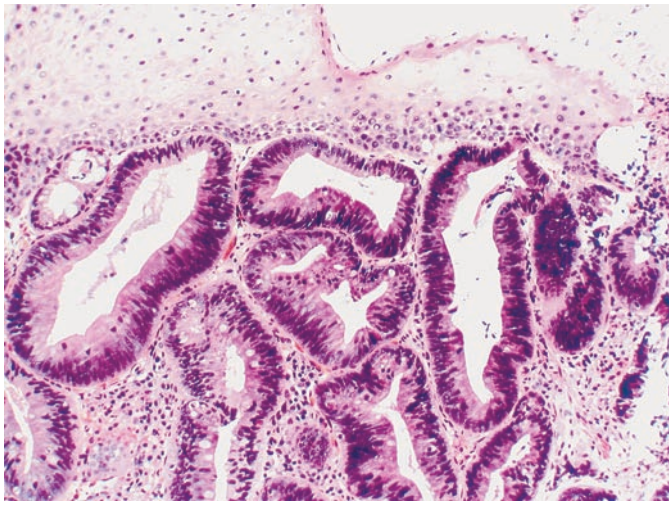

Figure **2** The histopathology section demonstrates overlying normal esophageal squamous mucosa, undermined by Barrett's glandular epithelium with high-grade dysplasia. The patient declined invasive treatment with porfimer sodium photodynamic therapy or esophageal resection. Medical therapy with a nonselective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