

Interventional endoscopy offers advanced treatments for esophageal disorders



UCLA interventional endoscopy specialists are continuing to expand minimally invasive options to care for a wide range of disorders of the intestinal tract, often replacing procedures that would otherwise involve open surgery. Endoscopic procedures also enable physicians to diagnose, stage and treat patients earlier in the course of their disease, intervening in less advanced cases where the benefits of early care would not justify the risks of open surgery.

The Interventional Endoscopy Program at UCLA, part of the Digestive Disease Center, offers the most advanced and effective endoscopic treatments for a variety of benign and malignant disorders of the digestive tract, including a number of esophageal disorders such as Barrett's esophagus, strictures of the esophagus and esophageal cancer.

Endoscopic treatment of Barrett's esophagus

Barrett's esophagus is a precancerous condition that affects the lining of the esophagus. It develops as a result of chronic Gastroesophageal Reflux Disease (GERD) when stomach acid and enzymes released into the esophagus cause a change in the esophageal lining.

An effective alternative to surgery

Interventional endoscopy provides a minimally invasive alternative to surgery for the diagnosis and treatment of several diseases of the digestive tract, including many esophageal disorders.

UCLA interventional endoscopists offer several types of endoscopic treatments — Endoscopic Mucosal Resection (EMR), Radiofrequency Ablation (RFA), and CryoSpray Ablation — to treat Barrett's esophagus.

Interventional endoscopy can also be used to dilate strictures of the digestive tract, including esophageal strictures caused by previous surgery, radiation treatment or chronic, long-term exposure to stomach acid reflux, or to deliver stents.

"We're utilizing state-of-the-art techniques that allow us to treat precancerous and early cancerous lesions in a minimally invasive way to avoid surgery," says V. Raman Muthusamy, M.D., director of UCLA's Interventional Endoscopy Program. "It's nice to be able to give patients another option."

This abnormal lining, known as Barrett's esophagus, can contain abnormal cellular changes known as dysplasia. The severity of dysplasia, categorized as negative, indefinite, low-grade or high-grade, is included with the diagnosis of Barrett's esophagus. Although the lifetime risk for the development of esophageal cancer among patients with Barrett's is no more than 5 percent, the risk is clearly higher than in those without Barrett's and increases with dysplasia. An estimated 3.3 million adults over 50 years of age in the United States suffer from the condition, according to a 2005 study.

The cancer risk of patients with Barrett's esophagus can be significantly reduced through interventional endoscopy techniques that remove or ablate the damaged lining of the esophagus. These techniques, in conjunction with acid-suppression, encourage the regrowth of healthy tissue. Endoscopic Mucosal Resection (EMR) involves using an electrified wire to snare and remove the abnormal portion of the esophageal lining. Patients often first receive an injection underneath the lining of the esophagus that causes it to lift away from the deep muscle layer so unwanted tissue can be more easily and safely removed. Radiofrequency Ablation (RFA) uses thermal energy to burn a thin layer of tissue on the surface of the esophagus. CryoSpray Ablation uses liquid nitrogen, also delivered via endoscope, to freeze off unwanted tissue. All of these techniques, alone or in combination, can be effective alternatives to surgery, which once was the sole treatment option for patients with Barrett's esophagus and advanced dysplasia.

Treating strictures with endoscopic procedures

Endoscopic interventions can also be used to treat strictures that are a result of scar tissue developing from long-term exposure to stomach acid, previous surgery to the esophagus or radiation treatment for cancers of the lung or other nearby organs. Most benign strictures can be dilated with endoscopically guided balloons or semi-rigid dilators. Some strictures may respond to endoscopically delivered steroid injections as well. For malignant strictures and hard-to-manage benign strictures, another option is the placement of a permanent or removable stent in the esophagus, which is also delivered under endoscopic guidance.

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