

World Organization for Specialized Studies on Diseases of the Esophagus

OESO Newsletter – June 2021

Message to the members of OESO, and to all those who have interest in Esophagology



The OESO-SEMPIRE

VIRTUAL EDUCATIONAL CHANNEL 11th meeting

From the Hospital das Clínicas São Paulo University Medical School, Brazil

> Hosted by **Prof. Bruno Zilberstein** Professor of Surgery

Wednesday, June 23, 2021

- South America: São Paulo, 10 am –12 noon
- Europe: Paris, 3 5 pm
- North America: West Coast: 6 – 8 am East Coast: 9 – 11 am
- Africa: Bomet, Kenya, 4 6 pm
- Asia: Beijing, 9 11 pm
- Australia: Melbourne, 11 pm – 1 am (June 24, 2021)

Zoom technology applied

GIST OF THE CASE

Barrett esophagus High grade dysplasia

A 65 year old, white male patient. Non smoker

- · Heartburn and regurgitations for 20 years
- No dysphagia, no respiratory symptoms
 Regular use of PPI –
- 60 m Dexalanzoprazol for the last 3 years
- No weight loss. (BMI = 25 Kg/m₂)

Diagnosis process:

- Endoscopy: 2 cm hiatal hernia C4M6 Barrett's esophagus (Prague classification) Nodular area with microvascular patterns alterations
- Biopsies: High grade dysplasia in Barrett's epithelium
- CT scan and Echo-endoscopy: no remarkable findings

Therapeutic process:

- ESD / resection of the lesion and 60% of the columnar epithelium.
- Histology: moderately differentiated adenocarcinoma (T1a) Invasion till the mucosa Lateral and deep margins free of adenocarcinoma
- Follow-up endoscopy 3 months after ESD:
 3 cm hiatal hérnia (Type I)
 Ulcer in distal esophagus on the previous site of ESD
 Recurrent columnar epithelium in distal esophagus
- Biopsies: Barrett's epithelium with intestinal metaplasia without dysplasia

Surveillance endoscopy planned for 2 months, with biopsies/Seattle protocol, and RFA ablation of the Barrett epithelium.

Due to COVID 19 pandemic, the patient returned to our department only after 14 months, complaining of mild dysphagia.

- Endoscopy:
 - No stenosis

Elevated lesion on the anterior wall of distal esophagus. Biopsies (A) Ulcer-infiltrative lesion at the right posterolateral wall of the distal esophagus. Biopsies (B)

- 3 cm hiatal hernia (Type I).
- Biopsies:

 A: Invasive, moderately differentiated adenocarcinoma at the squamous-columnar junction
 B: Poorly differentiated carcinoma at the squamous-columnar junction with intestinal metaplasia and high grade dysplasia in the adjacent columnar mucosa
- PET-CT scan: 2-3cm lesion at the GEJ (SUV max 11,2). No suspicious lymph nodal invasion.
- Subtotal esophagectomy with lymphadenectomy and gastric pull-up.
- Histology: poorly differentiated adenocarcinoma at the squamocolumnar junction with intestinal metaplasia and high grade dysplasia in the adjacent columnar mucosa (pT3pN2M0).

Uneventful follow-up:

- Postoperative chemotherapy
- 6 months after surgery, disease-free patient without any complication.

Presentation of the case:

- Prof. Bruno Zilberstein (FMUSP Brazil)
- Dr Sergio Szachnowicz (FMUSP– Brazil)

Discussion points:

- · Diagnosis and management of long Barrett's esophagus with HGD
- Endoscopic treatment of early adenocarcinoma
- Surveillance after endoscopic treatment of Barrett's adenocarcinoma
- Siewert type I adenocarcinoma: staging, treatment options, and best practices.

Discussion led by Bruno **Zilberstein** with a top level panel currently being assembled.

Panel for discussion:

- Italo Braghetto, Santiago de Chile
- Ivan Cecconello, São Paulo
- John Clarke, Stanford
- Yeong Yeh (Justin) Lee, Kuala Lumpur
- Eduardo GH Moura, São Paulo
- Matthew Read, Melbourne
- Rubens AA Sallum, São Paulo
- Andrew Taylor, Melbourne
- David Wang, Dallas
- Yinglian Xiao, Guangzhou

Registration is free, but mandatory.

Free registration

Seventeen Pilot Centers worldwide are currently listed in the network of the OESO-SEMPIRE Platform of Excellence in Esophagology to take part in the program of the **OESO Virtual Educational Channel** in Esophagology. Such a program is in line with true multi-disciplinarity, the essence of OESO since its creation, and the mission defined by UNESCO in the **Chair of Digital Education** attributed in 2018, at the University of Geneva, to the OESO Foundation.

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The first ten "Staff meeting discussions" were organized on May 28, **2020** (Pilot Center of Milan), July 22, 2020 (Pilot Center of Stanford), October 3, 2020 (Pilot Center of Bomet, Kenya), October 29, 2020 (Pilot Center of Beijing), December 10, 2020 (Pilot Center of Geneva), January 29, **2021** (Pilot Center of Melbourne), February 25, 2021 (Pilot Center of Bordeaux), March 19, 2021 (Pilot Center of Stanford), April 15, 2021 (Pilot Center of Paris) and May 26, 2021 (Pilot Center of Milan).

- Wherever you are in the world,
- Whatever your specialty,
- Whatever your level,

the 11th clinical case of the OESO-SEMPIRE Platform will afford you the opportunity to participate in a global multidisciplinary staff meeting dedicated to a challenging case of esophagology. It will involve specialists in various disciplines, and participants from any country can connect to the discussions.

Looking forward to seeing you soon!

Robert Giuli, MD, FACS Professor of Surgery Founder & Deputy Executive Director of OESO