

## Clinical Spotlight

# Recurrent Adenocarcinoma Identified by WATS<sup>3D</sup> and Missed by Forceps Biopsy

*"We find that WATS<sup>3D</sup> has an additive yield for dysplasia detection even when a thorough endoscopy with advanced imaging is performed; we find it very helpful to our practice."*

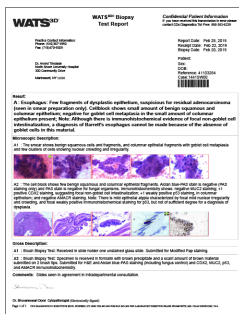


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## CASE STUDY 1

**Early 2018:** 65 year-old female was diagnosed with an 8 cm obstructing esophageal adenocarcinoma. Endoscopic ultrasound demonstrated a T3N3 lesion. Patient underwent chemotherapy and radiation therapy with resolution of symptoms, including dysphagia.

**December 2018:** Repeat staging with CT/PET revealed no active disease in the esophagus or elsewhere.



**February 2019:** On surveillance endoscopy, a 2 cm Barrett's esophagus segment was identified without a mass or any raised areas. Endoscopic ultrasound was negative. Volumetric laser endomicroscopy targeted an area suspicious for dysplasia but forceps biopsies were negative. Random forceps biopsies using the Seattle protocol were also negative. WATS<sup>3D</sup> was performed of the entire segment and identified dysplastic epithelium concerning for residual adenocarcinoma. [See Report.](#)

## Impact on Patient Care:

The patient's management was altered as a result of the WATS<sup>3D</sup> diagnosis. The patient was treated with local therapy with cryoablation and continued on systemic chemotherapy.