

## Clinical Spotlight

### The Identification of Barrett's Esophagus and Low Grade Dysplasia with WATS<sup>3D</sup> and Missed by Forceps Biopsy

*We need to make sure we use a procedure that's accurate, safe, efficient, and cost effective: For my practice, WATS3D checks all the boxes."*



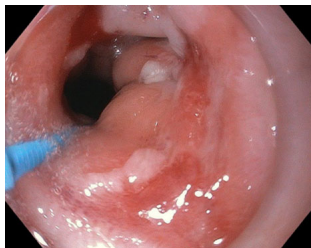
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Chairman, Department of  
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### CASE STUDY

#### Patient History:

68 year-old female with a chronic history of achalasia that had been treated with pneumatic dilation. Patient had been well managed for decades but developed persistent reflux symptoms.

#### Endoscopic Findings (9/2017):



Dilated esophagus without peristalsis and widely patent LES; distal esophagitis and salmon-colored mucosa in the tubular esophagus.

#### Forceps Biopsy Results:

Acute chronic ulceration, negative for glandular epithelium.

#### WATS<sup>3D</sup> Results:



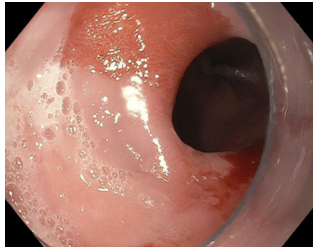
Benign squamous and columnar epithelium, goblet cell metaplasia (Barrett's esophagus); negative for dysplasia.

## Treatment and Follow-up:

The patient was treated with a more intensive anti-reflux regimen and EGD was scheduled for one year later.

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## Endoscopic Findings (9/2018):



Dilated esophagus without peristalsis and widely patent LES; distal esophagitis and salmon-colored mucosa in the tubular esophagus..

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## Forceps Biopsy Results:

Positive for Barrett's metaplasia without dysplasia.

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## WATS<sup>3D</sup> Results:



Columnar epithelium with goblet cell metaplasia (Barrett's esophagus) with low-grade dysplasia involving the crypt.

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## Impact on Patient Care:

Barrett's esophagus and dysplasia were detected early and accurately with WATS<sup>3D</sup> leading to an improved patient management.

Patient underwent radiofrequency ablation following an additional endoscopy in early 2019.