Clinical Spotlight

The Identification of Barrett's Esophagus and Low Grade Dysplasia with WATS³D 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.”

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.

WATS³D 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.

Endoscopic Findings (9/2018):
Dilated esophagus without peristalsis and widely patent LES; distal esophagitis and salmon-colored mucosa in the tubular esophagus.

Forceps Biopsy Results:
Positive for Barrett’s metaplasia without dysplasia.

WATS3D Results:
Columnar epithelium with goblet cell metaplasia (Barrett's esophagus) with low-grade dysplasia involving the crypt.

Impact on Patient Care:
Barrett’s esophagus and dysplasia were detected early and accurately with WATS3D leading to an improved patient management.

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