**Clinical Spotlight:**

**WATS**\(^3D\) Detects Crypt Dysplasia that was Missed by Forceps Biopsy

**CASE SUMMARY:**

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| 17-year-old male with a known history of long-segment non-dysplastic Barrett’s esophagus and dysphagia. | • 3cm Type 1 hiatal hernia  
• C15M15 Long segment Barrett’s esophagus  
• Esophageal stricture X2  
• Los Angeles grade B esophagitis in two distinct locations, proximally and distally | Forceps Biopsy: Barrett’s esophagus, gastric cardia-fundic type mucosa with mild chronic inflammation. Negative for dysplasia and malignancy.  
**WATS**\(^3D\): Columnar epithelium with goblet cell metaplasia with Barrett’s esophagus, with crypt (low grade) dysplasia. | Follow up EGD with biopsy was scheduled. Patient will undergo anti-reflux surgery before any further therapeutic measures are performed on the patient’s Barrett’s esophagus. |

“Preventing esophageal cancer begins with early detection. **WATS**\(^3D\) allows me to determine those suspicious cells, with a comprehensive diagnosis and treatment path for my patients.”

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