**Clinical Spotlight:**
**WATS**<sup>3D</sup> Detects Barrett’s Esophagus and Focal High-Grade/Low-Grade Dysplasia that Forceps Biopsy Missed in a Post-Treatment Patient

**CASE SUMMARY:**

<table>
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<tr>
<th><strong>Patient History:</strong></th>
<th><strong>Endoscopy:</strong></th>
<th><strong>Biopsy Results:</strong></th>
<th><strong>Impact on Patient Care:</strong></th>
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<tr>
<td>58-year-old male with newly diagnosed Barrett’s esophagus with high-grade dysplasia.</td>
<td>Patient underwent EGD with endoscopic mucosal resection plus radiofrequency ablation.</td>
<td><strong>Forceps Biopsy:</strong> Benign esophageal mucosa with erosive esophagitis. Adjacent reactive gastric mucosa with chronic inflammation. No evidence of intestinal metaplasia or dysplasia. <strong>WATS</strong>&lt;sup&gt;3D&lt;/sup&gt;: Columnar epithelium with goblet cell metaplasia, consistent with Barrett’s esophagus with focal high-grade dysplasia in a background of low-grade dysplasia.</td>
<td>Patient is scheduled for another EGD with endoscopic mucosal resection prior to a paraesophageal hernia repair and Nissen. This will provide a full view of the GEJ and allow removal of all dysplasia.</td>
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"Preventing esophageal cancer begins with early detection. WATS<sup>3D</sup> allows me to determine those suspicious cells, with a comprehensive diagnosis and treatment path for my patients."

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