Clinical Spotlight:
WATS\textsuperscript{3D} Detects Barrett’s Esophagus and Crypt Dysplasia that were Undetected by Forceps Biopsy

**CASE SUMMARY:**

<table>
<thead>
<tr>
<th>Patient History:</th>
<th>Endoscopy:</th>
<th>Biopsy Results:</th>
<th>Impact on Patient Care:</th>
</tr>
</thead>
</table>
| 72-year-old male bariatric patient with a history of reflux and lifetime history of anemia. Patient underwent robotic Roux-en-Y gastric bypass approximately a year prior and was doing quite well. | Follow up EGD was performed. Physician noted salmon colored mucosa and an irregular Z-Line. Cold forceps biopsies and WATS\textsuperscript{3D} biopsies were obtained at the GE Junction (40 cm). | **Forceps Biopsy:** Benign mucosa with mild non-specific chronic inflammation. Negative for dysplasia.  
**WATS\textsuperscript{3D}:** Columnar epithelium with goblet cell metaplasia, consistent with Barrett’s esophagus with crypt (low grade) dysplasia. | Patient is currently undergoing radiofrequency ablation treatment. |

“WATS\textsuperscript{3D} has increased my detection rate of esophageal disorders by 150%. Allowing my practice to determine the true disease state of the esophagus provides a tremendous advantage when determining Bariatric surgical care.”

Dilendra H. Weerasinghe, MD  
Gulf Point Surgical Specialists  
Port Charlotte, FL