

**BARRETT'S ESOPHAGUS AND ESOPHAGEAL  
ADENOCARCINOMA**

*Edited by Prateek Sharma and Richard E. Sampliner. 230 pp.,  
illustrated. Malden, Mass., Blackwell Science, 2001. \$99.95.  
ISBN 0-632-04509-4.*

**B**ARRETT'S esophagus, a medical curiosity since its initial description in the early 1950s, has emerged as an intensively studied condition. Several factors might explain this transformation. First, Barrett's esophagus is one of the most easily studied examples of human carcinogenesis, within reach of an endoscope (and biopsy), and can be studied in some patients over a period during which the sequence of events from injury to dysplasia to cancer occurs. Second, it is common in the Western world, present in about 10 percent of patients with gastroesophageal reflux disease who undergo endoscopy and perhaps 1 percent of the general population, thus lending itself to epidemiologic study. Third, it is on the spectrum of gastroesophageal reflux disease treated by the most commonly used drugs in the pharmaceutical industry and is amenable to a wide range of innovative endoscopic and surgical techniques. Fourth, and most compellingly, news of the association of gastroesophageal reflux disease with esophageal adenocarcinoma has reached the lay public, greatly raising awareness of and interest in this disorder.

For these reasons, a book on Barrett's esophagus is timely and offers areas of study in many disciplines: clinical esophagology, pathology, therapeutic and innovative endoscopy, epidemiology, surgery, oncology, and molecular biology. *Barrett's Esophagus and Esophageal Adenocarcinoma* is a comprehensive collection of chapters written by leading authorities in the field. It covers all the above-listed areas and has many fine qualities. The editors clearly demonstrate that the study of Barrett's esophagus lends itself to a multidisciplinary approach. Each chapter is introduced by a background section that acquaints the reader with the concepts underlying the material that follows. As a result, the book does a remarkable job of presenting knowledge about Barrett's esophagus to a general audience.

This is not a "how-to" book. Most of the authors effectively summarize and evaluate current information, rather than offer strong opinions. There are, however, some exceptions. Castell, for example, reviews the role of acid in Barrett's esophagus and strongly suggests that aggressive acid suppression will impede the development of dysplasia and carcinoma. Ormseth and Wong are more cautious; they conclude that acid suppression should be used only to control symptoms and to treat and prevent inflammation and complications of gastroesophageal reflux disease. The chapter on surgical therapy lends strong support to fundoplication in preference to any medical therapy, again with the goal of preventing esophageal cancer. Although ostensibly confusing and contradictory, these different opinions are valuable because they demonstrate that rigorous data on some of the most important questions about the disease are lacking. These include not only the effect (if any) of acid suppression on dysplasia but also the criteria by which patients with gastroesophageal reflux disease should be screened for Barrett's esophagus and the proper technique and interval for screening patients with Barrett's esophagus for dysplasia and adenocarcinoma in the absence of predictive clinical or tissue markers.

The figures and tables are excellent, the color plates are of good quality, and the text is lucid, succinct, and comprehensive. This superb work effectively summarizes all the current topics pertinent to Barrett's esophagus. It is comprehensive yet not cumbersome and introduces the reader to a wide range of disciplines. Gastroenterologists will reap great rewards from reading this book, but it also reaches out to a larger audience and is a model of how the study of a single disease lends itself to many different specialties.

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## CORRECTIONS

Mutation in the Gene for Bone Morphogenetic Protein Receptor II as a Cause of Primary Pulmonary Hypertension in a Large Kindred (August 2, 2001;345:319-24). On page 321, Figure 1 should have shown the 43-year-old man in generation III of Subfamily 32 and the 38-year-old woman in generation IV of Subfamily 14 as deceased.

Effects of Clopidogrel in Addition to Aspirin in Patients with Acute Coronary Syndromes without ST-Segment Elevation (August 16, 2001;345:494-502). On page 502, 20 lines from the bottom of the left-hand column, "B. Pontillo" should have been listed as "D. Pontillo."

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