

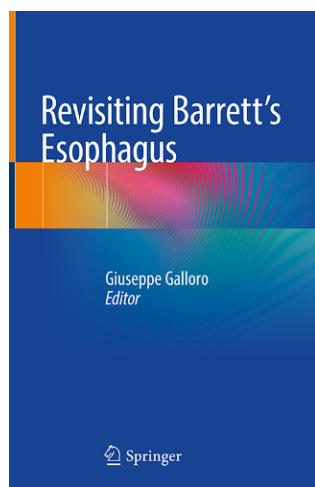


## Revisiting Barrett's Esophagus

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The prevalence of gastro-esophageal reflux disease and the incidence of Barrett's esophagus have increased over the past few decades. New diagnostic procedures have been established and many treatment options have been developed during the past few years.

The book *Revisiting Barrett's Esophagus*, edited by Giuseppe Galloro and written by several authors, all of them experts in their field, gives a perfect overview of the definition, epidemiology, diagnostic procedures,

and therapeutic techniques of Barrett's esophagus, providing a pragmatic framework for the care of such patients.

The book is composed of four parts:

- Part I—Morphologic Backgrounds
- Part II—Epidemiology and Natural History
- Part III—Diagnosis
- Part IV—Treatments

Macroscopic and microscopic anatomy, histology, as well as embryological developments are presented in the first part of the book. Surgeons dealing with Barrett's esophagus in everyday routine requires them to be aware of the anatomy of the esophagogastric region. In order to meet these demands, this part of the book gives a perfect overview leading to a detailed understanding of the anatomical structures.

The second part of the book deals with the definition and epidemiology of the disease including the pathophysiology of gastroesophageal reflux disease (GERD) as well as the natural history of Barrett's esophagus. The authors dedicate an entire section to the occurrence of Barrett's esophagus relating to obesity, and they further cover bariatric surgery as well as esophageal cancer risk. The incidence of GERD following bariatric surgery is also treated in this part.

Diagnostic procedures such as augmented endoscopy, zoom endoscopy, traditional and virtual chromoendoscopy, as well as confocal laser endomicroscopy in Barrett's esophagus are dealt with in the third part of the book. Different points of view on the histological aspects of Barrett's esophagus are discussed in this part. Molecular pathways leading to the development of Barrett's esophagus and to the progression from Barrett's esophagus to esophageal adenocarcinoma are described as well. One of the chapters in this section addresses the timing and pro-

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protocols of clinical and endoscopic surveillance of the disease.

Part IV of the book deals with currently available as well as late-breaking treatment options. Photodynamic therapy, cryotherapy, radiofrequency ablation, and endoscopic resections such as endoscopic mucosal resection (EMR) and endoscopic submucosal dissection (ESD) are well described by renowned authors and furnished with excellent images.

Last but not least the burning question, “Is there a role for the surgeon in the therapeutic management of Barrett’s esophagus?”, is discussed by one of the coauthors, having accumulated plenty of experience during his career as a gastroesophageal surgeon.

In summary, this absorbing book is strongly recommended not only to upper-gastrointestinal (GI) surgeons but also to general surgeons and gastroenterologists who want to widen their horizon concerning Barrett’s esophagus. All the chapters are penned by famous and outstanding experts in their fields and include up-to-date references at the end of each section. The excellent photographs and drawings further contribute to an easy comprehension.

**Conflict of interest** E. Cosentini declares that he has no competing interests.

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Hier steht eine Anzeige.

