Teaching Points
Endoscopic surveillance of Barrett’s disease with dysplasia needs to be stressed and surveillance cannot be ceased post performance of anti-reflux surgery.

Despite RFA therapy, this patient proceeded to develop high-grade dysplastic nodules. Whilst this case was slightly atypical with RFA ablation (in the absence of a nodule at commencement of treatment) preceding the need for EMR, ablative therapy (regardless of modality) should be utilized for eradication of abnormal Barrett’s epithelium but is insufficient for nodule management. This is especially pertinent given early malignancies are most common within nodules and EMR allows for definitive histological diagnosis.

The EMR-ligation technique is a safe and effective method in the management of Barrett’s oesophagus. As with all EMR techniques, the initial mucosal capture plays a key role in its success. After ligation capture, the captured mucosa should be inspected to determine whether abnormalities exist outside of capture, hence necessitating likely further resection of this area.

If treatment for Barrett’s with high-grade dysplasia is to commence, complete Barrett’s eradication needs to be the ultimate goal. To achieve this may eventually require multiple procedures and should continue until this is reached.