A 66-year-old man was evaluated because of symptoms of gastroesophageal reflux disease. He was diagnosed by upper endoscopy and histology of circumferential Barrett’s esophagus (BE) between 25 and 38 cm from dental line. Nissen antireflux surgery was made in 1996. Esophageal manometry after surgery was normal. Ambulatory 24-hour pH monitoring showed few episodes of reflux and a rapid esophageal acid clearance. One year later, upper endoscopy showed similar findings consistent with the diagnosis of BE. Biopsy specimens revealed inflamed gastric mucosa and intestinal metaplasia without dysplasia. Four years later, circumferential BE persisted in the 5 cm of distal esophagus and white-coloured isolated fragments of normal esophageal mucosa were also seen in this area (Fig. 1). Biopsy specimens showed esophageal metaplasia in the area.
geal mucosa with areas of gastric epithelium with intestinal metaplasia (Fig. 2) and focal areas of pancreatic acinar metaplasia (PAM) (Fig. 3).

The appearance of PAM at the gastroesophageal junction has been described in 24% of biopsy specimens as an incidental finding and in 9% of BE. It has been suggested that pluripotential cells covering the ulcerated esophageal layer could evolve whether into gastric mucosa with intestinal metaplasia or into PAM. At present, no evidences are available supporting that PAM could be a preneoplastic lesion when it appears in a normal gastroesophageal junction. However, more data are needed concerning its significance when PAM occurs in BE.

REFERENCES