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If you have reflux, should you get an endoscopy? June 12, 2006

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Reflux is an extremely common problem, affecting an estimated 20 million Americans. It occurs when food and acid from the stomach back up into the esophagus, or food tube. The most common symptom is heartburn, but reflux can also show up as hoarseness (backed-up acid attacks the vocal cords), sinusitis (acid irritates tissues in the nose), and asthma (droplets of acid get inhaled into the lungs).

Mostly, reflux is an annoyance. But in some people -- roughly 3 million Americans at any given time -- reflux leads to Barrett's esophagus, a pre-cancerous state in which the body tries to combat the acid by transforming normal esophageal cells into intestinal cells that pump out protective mucus, said Dr. Rosalind Barron, a gastroenterologist at Mount Auburn Hospital in Cambridge.

Once you get Barrett's esophagus, the chances are still small -- about 5 percent -- that it will turn into difficult-to-treat esophageal cancer. But it does often enough that esophageal cancer is now the fastest rising cancer in the country.

"It seems to be almost an epidemic," said **Dr. Hiroshi Mashimo**, a gastroenterologist at VA Boston Healthcare and Brigham and Women's Hospital. According to American Cancer Society figures, esophageal cancer will strike about 14,550 people this year and will kill 13,770.

So, the trick is to spot those people with reflux who may be heading down this path by screening them with an endoscope, a small viewing tube that is passed down the esophagus to the juncture with the stomach.

Because they are at higher risk for unclear reasons, white males with long-standing reflux -- such as heartburn several times a week for several years -- should have at least one endoscopy in midlife to rule out Barrett's esophagus, said Barron. So should anybody who has trouble swallowing and anyone with a family history of Barrett's.

People with other signs of reflux, such as hoarseness of long duration or chronic cough, should see a doctor.