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**Prevalence of Barrett's Esophagus among Symptomatic Patients in a Community GI Practice**

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**Purpose:** The prevalence of Barrett's Esophagus (BE) in the community setting is not well established. The aim of this study was to evaluate the prevalence of BE in a community practice, using the cohort of all patients undergoing endoscopy in a one year period.

**Methods:** We prospectively gathered data on all patients who had EGD's done between 1/1/04-12/31/04 in our private GI practice in Orlando, FL. Most were symptomatic with chronic GERD, unresolved dyspepsia or new epigastric pain. There were 849 consecutive patients who underwent gastroscopy. Long segment BE (LSBE) was defined as > 3 cm of columnar lined epithelium (CLE) with specialized intestinal metaplasia (SIM) on biopsy. Short segment BE (SSBE) was < 3 cm of CLE with SIM. BE was established by multiple biopsies.

**Results:** Of 849 consecutive patients undergoing gastroscopy, 31 were done for Barrett's surveillance, leaving 818 patients, of whom 3 (0.37%) had LSBE and 9 (1.1%) had SSBE. The combined prevalence of BE was 1.47%. All of these were newly diagnosed cases of BE. There were 5 patients who were felt to have CLE on gastroscopy, but biopsies did not reveal SIM.

**Conclusions:** The prevalence of BE in our private GI practice was 0.37% for LSBE and 1.1% for SSBE. This was a cohort of patients who had some criteria for gastroscopy, and not a random population. Nonetheless, these results mirror the most recently published population based data from outside the USA. This suggests reproducibility among community based practices, as opposed to the higher prevalence data reported from more selected populations.