

EDITORIAL

Low prevalence of Barrett esophagus in Turkey

Türkiye’de düşük Barrett özofagus prevelansı

See article on TJG 19 (3): 145-151

Barrett’s esophagus is a change in the lining of the distal end of the esophagus and it is documented in the presence of intestinal metaplasia with goblet cells by biopsy during endoscopic procedure. Barrett’s esophagus develops in some people who have chronic gastroesophageal reflux disease (GERD) or chronic esophagitis. Estimates of the prevalence of Barrett’s esophagus range from 0.9-10% of the general adult population. The prevalence of GERD is higher in developed than in developing countries (1-2).

In this issue of the Turkish Journal of Gastroenterology, one article from a well-established gastroesophageal reflux center in Turkey studied the prevalence of erosive esophagitis and Barrett’s esophagus as a tertiary referral center located in Izmir (3). Their study revealed that 17% of patients had erosive esophagitis and 73% nonerosive reflux disease. The prevalence of Barrett’s esophagus was 2%. The majority (92%) of the erosive esophagitis patients were evaluated as low-grade esophagitis (grade A or B). There were no differences between the severity of symptoms in patients with erosive and nonerosive reflux disease. If you compare the results to the literature, Barrett’s esophagus and erosive esophagitis were less frequent in Turkey (3). However, the severity of reflux symptoms was not proven helpful in distinguishing between patients with uncomplicated reflux esophagitis and Barrett’s esophagus.

If you review the literature, prevalence and incidence are sometimes confused in medical papers. Prevalence refers to the proportion of a given po-

pulation having a particular condition at a specified time. Incidence refers to the proportion of the population developing a condition over a specified time interval, often one year. A clear distinction must be made between the true prevalence in the general population and the prevalence of clinically diagnosed cases, which is quite different (4).

However, many uncertain issues about Barrett’s esophagus remain as unanswered questions. Genetic factors must be taken into account, as they may play a role in the marked racial and gender differences in the epidemiology of Barrett’s esophagus. Body mass index, smoking and/or alcohol consumption, and also dietary habits must be taken into account (5).

The authors found no impact of *Helicobacter pylori* (*H. pylori*) on the severity of esophagitis or symptoms (3). In Turkey, the prevalence of *H. pylori* is very high. Indirect epidemiologic evidences for a protective effect of *H. pylori* on the spectrum of GERD came from several different studies. If we review the mechanism of the *H. pylori* protective effect, the first proposed mechanism is reduction of acid output in patients with pangastritis as a result of corpus inflammation and corpus atrophy. The second proposed protective mechanism is neutralization of acid through ammonium produced by *H. pylori* with reduction of intragastric acidity subsequently (69).

These are just some of the fascinating biological puzzles that challenge those interested in disorders of the esophagus. Further investigations are needed to answer the questions and solve the puzzles.

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