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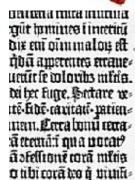
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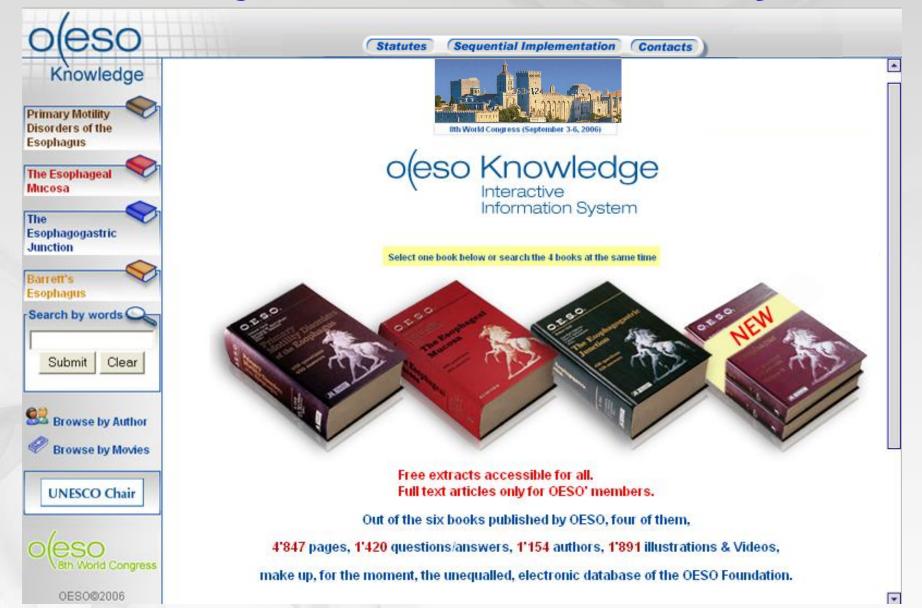




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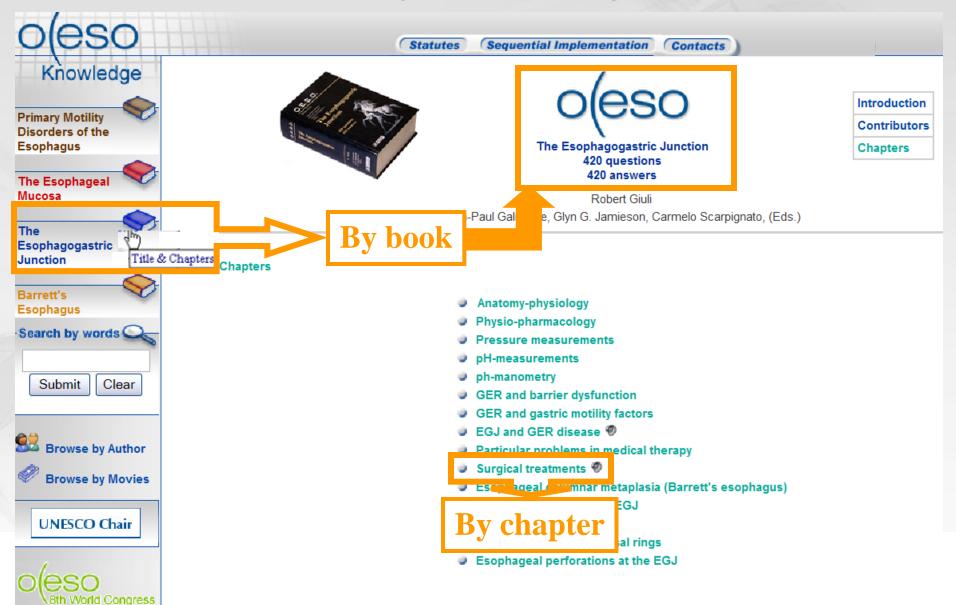
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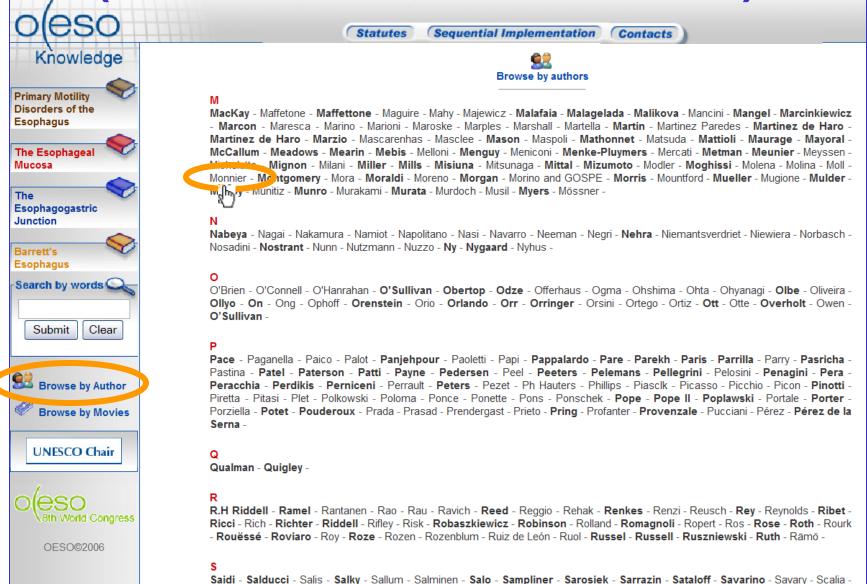
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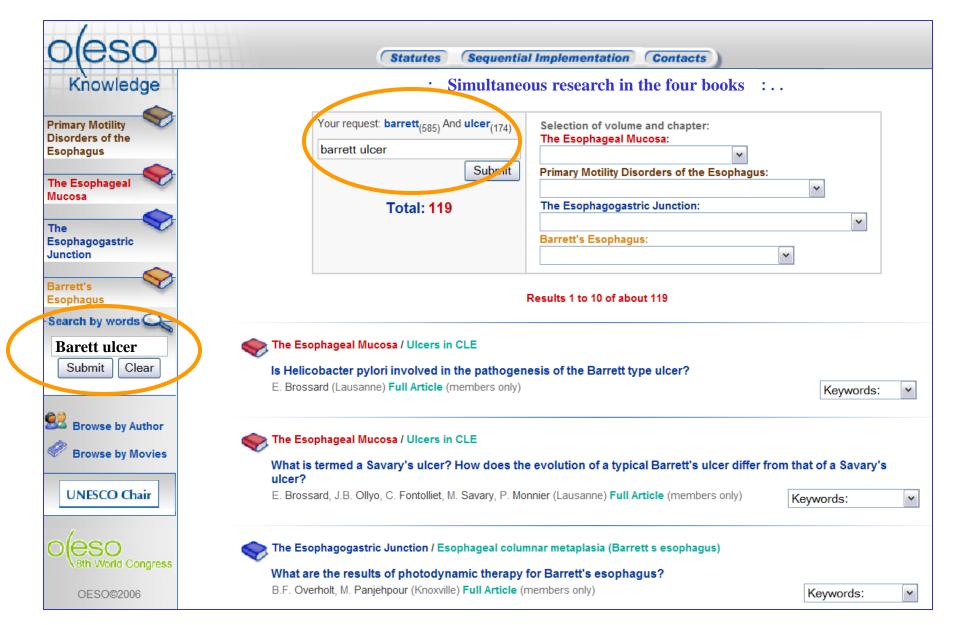


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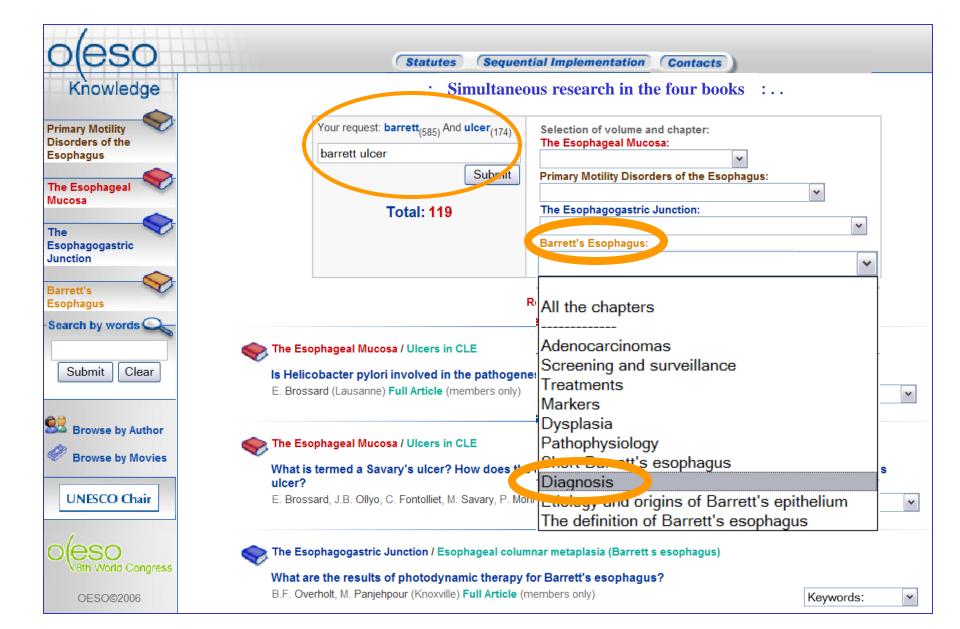


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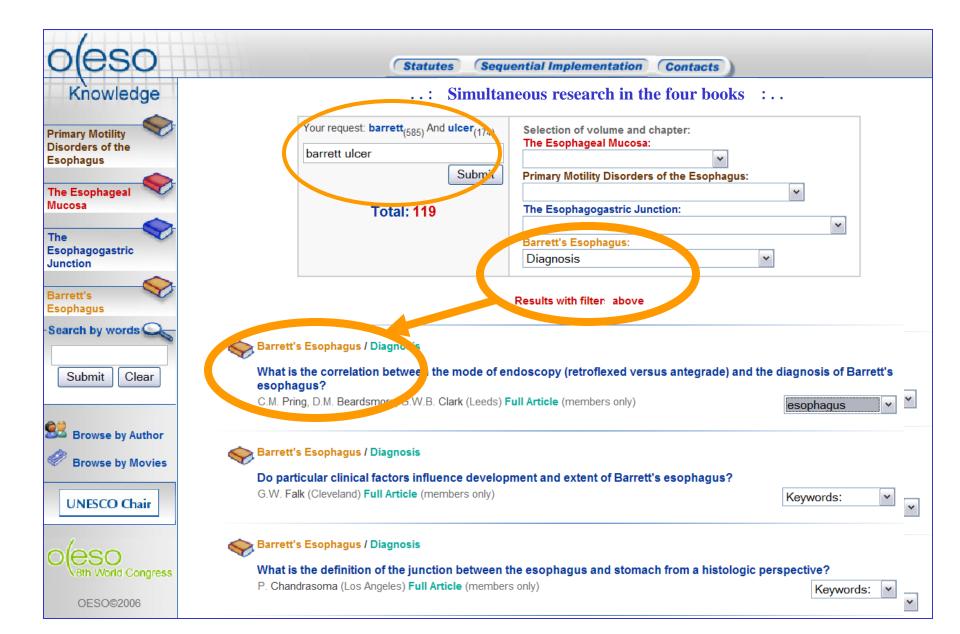
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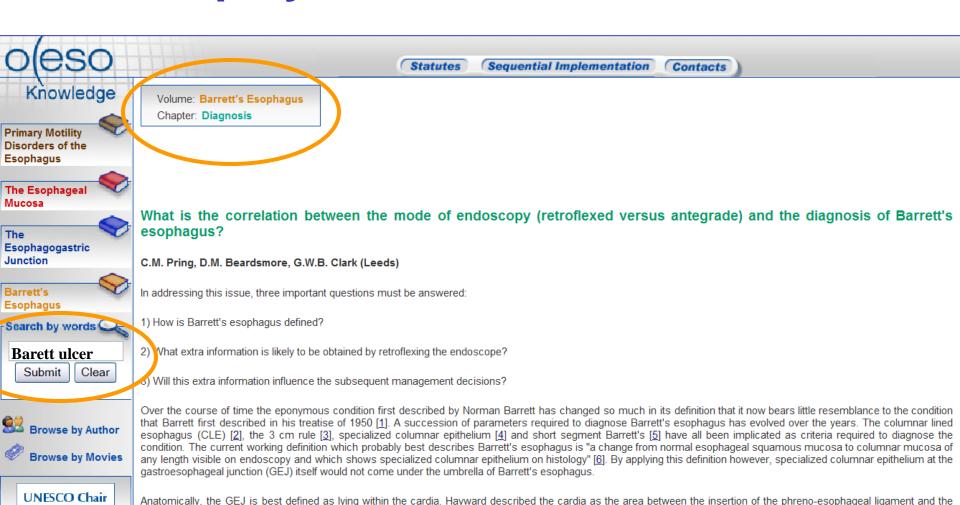
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what was traditionally termed Barrett's esophagus has been well documented [3]. However confusion over the relevance of columnar epithelium at the cardia has lead to the cardia being neglected. There is though increasing evidence that foci of intestinal metaplasia (IM) at the cardia exist [8] and may have a malignant potential similar to that of traditional Barrett's esophagus [9]. This evidence is complemented by the increasing incidence of adenocarcinoma of the cardia in the Western world [10].

is typical of the columnarized esophagus.

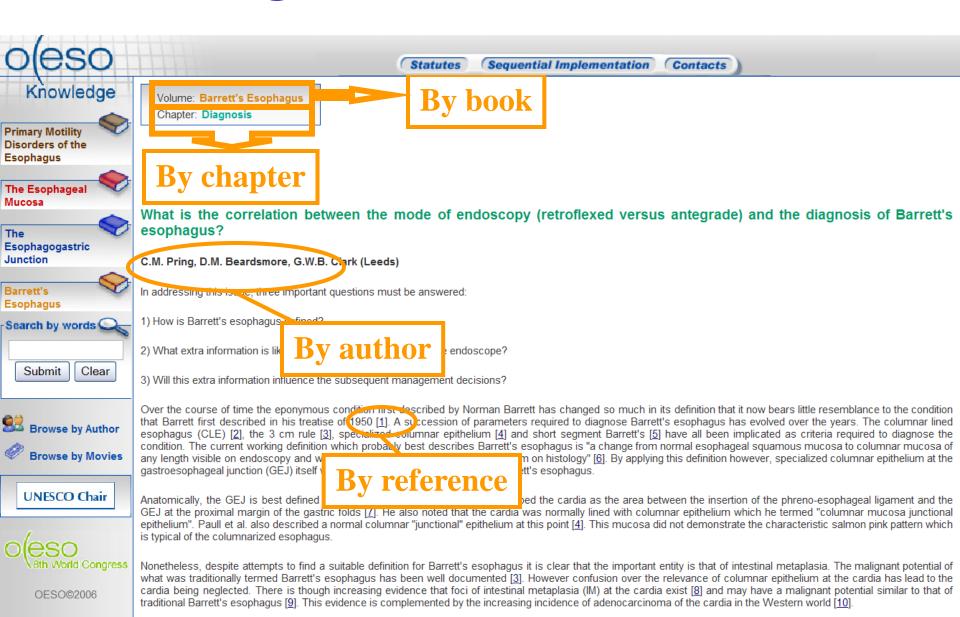
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Therefore, rather than correlating the mode of endoscopy with respect to the diagnosis of Barrett's esophagus, the focus of the question should be to correlate the mode of

GEJ at the proximal margin of the gastric folds [7]. He also noted that the cardia was normally lined with columnar epithelium which he termed "columnar mucosa junctional epithelium". Paull et al. also described a normal columnar "junctional" epithelium at this point [4]. This mucosa did not demonstrate the characteristic salmon pink pattern which

Nonetheless, despite attempts to find a suitable definition for Barrett's esophagus it is clear that the important entity is that of intestinal metaplasia. The malignant potential of

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