Date: / /

Esophagus

→ Normal length - 25-30cm
→ Only Auerbach plexus of no Henson's plexus
→ Lack of mucosal layer.

LACERATIONS:
Mallory - Weiss Tears: (Longitudinal mucosal tear of distal esophagus)
- They are non transmural longitudinal tear in the esophagus at the gastroesophageal Region.
- Associated with severe prigorous retching or vomiting. 2nd dary to Acute Alcohol intoxication or vigorous coughing.

MORPHOLOGY:
Site of tears: usally at the gastroesophageal junction.
Appearance: superficial, longitudinal oriented laceration of variable length

CLINICAL FEATURES: Hematemesis
→ other causes
- Mallory - Weiss syndrome
- esophageal ulcers.
- Reflux esophagitis
- esophageal varices.

Blue

BARRETT ESOPHAGUS:

It is characterized by intestinal metaplasia within the squamous mucosa of esophagus occuring as a complication to chronic gastroesophageal Reflux. (GERD)

→ Males usually b/w 40 - 60 years.
→ Develops in ~10% of patients with symptomatic GERD.

MORPHOLOGY:

Appears as one or several tongues or patches of Red, velvety mucosa extending from gastroesophageal junction upward into esophagus.

MICROSCOPY:

- Intestinal metaplasia: Normal squamous lining of Lower Eso is Replaced by columnar Mucosa containg area of intestinal metaplasia
  - Goblet cell are seen → Lead to development of Adenocarcinoma
- Dysplasia → seen in metaplastic epithelium.

NOTE: → Pre malignant condition, ↑ Risk of esophageal Adenocarcinoma
Goblet cells → characterized by the presence of distinct Mucous vacuols
Complication of BE → Chronic peptic ulcer
Risk of Adenocarcinoma