

Dysplasia (Core)

There are two types of dysplasia, squamous dysplasia and columnar/glandular (either Barrett or non-Barrett) dysplasia.

In the current World Health Organization (WHO) Classification, both squamous and Barrett dysplasia are classified using a two-tiered system, high and low grade.^{1,2} The use of the term 'carcinoma in situ' is not recommended.

Columnar dysplasia is mostly Barrett dysplasia. The presence of Barrett dysplasia supports oesophageal origin of an adenocarcinoma in cancer from the oesophagogastric junction.

The term Barrett dysplasia in the WHO Classification is adopted because of the aetiological link with Barrett oesophagus.¹ However, it is noted that rare cases of oesophageal adenocarcinoma may not arise from Barrett dysplasia. For instance, some rare adenocarcinoma of the mid oesophagus have no relationship with Barrett dysplasia.¹

Oesophageal columnar dysplasia is broadly divided into gastric, intestinal and mixed (hybrid) types, based on morphological and immunohistochemical features. The clinical significance of this division is yet to be determined and is not needed for routine clinical care.

Over the past 10 years or more, there has been an important shift from surgery towards endoscopic treatment for Barrett oesophagus in patients with high grade dysplasia.¹ It is currently a controversial issue whether confirmed low grade dysplasia justifies invasive management.¹

References

- 1 Odze RD, Lam AK, Ochiai A and Washington MK (2019). Tumours of the oesophagus. In: *Digestive System Tumours. WHO Classification of Tumours, 5th Edition.*, Lokuhetty D, White V, Watanabe R and Cree IA (eds), IARC Press, Lyon.
- 2 Lam AK (2020). Updates on World Health Organization classification and staging of esophageal tumors: implications for future clinical practice. *Hum Pathol* 108:100-112.