

# 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.<sup>1</sup>

Columnar dysplasia is mostly Barrett dysplasia. The presence of Barrett dysplasia supports oesophageal origin of an adenocarcinoma.

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

Oesophageal columnar neoplasia is broadly divided into gastric, intestinal and mixed (hybrid) types, based on morphological and immunohistochemical features.<sup>1</sup> The clinical significance of this division is yet to be determined and is not needed for routine clinical care.

Squamous dysplasia may present adjacent to squamous carcinoma in the upper oesophagus. Due to the anatomical limit of resection, dysplasia may extend to the proximal resection margin.

## 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.