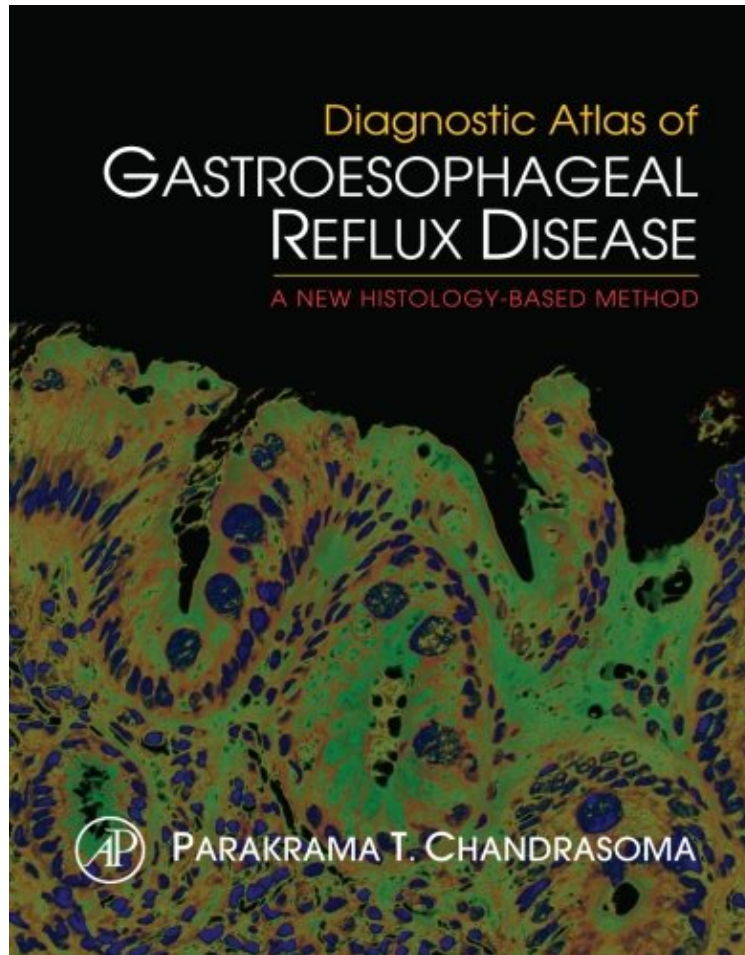


[Free] Diagnostic Atlas of Gastroesophageal Reflux Disease: A New Histology-based Method

Diagnostic Atlas of Gastroesophageal Reflux Disease: A New Histology-based Method

Parakrama T. Chandrasoma

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Gastroesophageal reflux is one of the most common maladies of mankind. Approximately 40% of the adult population of the USA suffers from significant heartburn and the numerous antacids advertised incessantly on national television represents a \$8 billion per year drug market. The ability to control acid secretion with the increasingly effective acid-

suppressive agents such as the H2 blockers (pepcid, zantac) and proton pump inhibitors (nexium, prevacid) has given physicians an excellent method of treating the symptoms of acid reflux. Unfortunately, this has not eradicated reflux disease. It has just changed its nature. While heartburn, ulceration and strictures have become rare, reflux-induced adenocarcinoma of the esophagus is becoming increasingly common. Adenocarcinoma of the esophagus and gastric cardia is now the most rapidly increasing cancer type in the Western world. At present, there is no histologic test that has any practical value in the diagnosis of reflux disease. The only histologic diagnostic criteria are related to changes in the squamous epithelium which are too insensitive and nonspecific for effective patient management. It is widely recognized that columnar metaplasia of the esophagus (manifest histologically as cardiac, oxyntocardiac and intestinal epithelia) is caused by reflux. However, except for intestinal metaplasia, which is diagnostic for Barrett esophagus, these columnar epithelia are not used to diagnose reflux disease in biopsies. The reason for this is that these epithelial types are indistinguishable from "normal" "gastric" cardiac mucosa. In standard histology texts, this "normal gastric cardia" is 2-3 cm long. In the mid-1990s, Dr. Chandrasoma and his team at USC produced autopsy data suggesting that cardiac and oxyntocardiac mucosa is normally absent from this region and that their presence in biopsies was histologic evidence of reflux disease. From

"This diagnostic atlas of GERD is an outstanding, beautifully illustrated contribution to the literature. It contains many thought-provoking pearls, and clinicians and pathologists interested in upper GI disease will benefit from its presence on their bookshelves. 4 Stars!" --DOODY'S About the Author Dr. Parakrama Chandrasoma was born in Sri Lanka and received his medical education and initial pathology training in the Medical School of the University of Sri Lanka. He has postgraduate degrees in internal medicine, including the M.D. (Sri Lanka) and Membership of the Royal College of Physicians (UK). He immigrated to the United States in 1978. Upon completing his pathology residency, he assumed duties as Chief of Surgical Pathology at the Los Angeles County + University of Southern California Medical Center. He has held this position since. After an initial interest in neuropathology, Dr. Chandrasoma joined Dr. Tom DeMeester's Foregut Surgery team as pathologist in 1991. This led to a productive study of gastroesophageal reflux disease spanning 16 years and resulting in the development of numerous original concepts relating to the pathogenesis of gastroesophageal reflux disease. Dr. Chandrasoma has written over 140 peer reviewed papers and 6 previous pathology textbooks, including a general text on Gastrointestinal Pathology and a text on Gastroesophageal Reflux Disease, and is a Professor of Pathology at the Keck School of Medicine at the University of Southern California. He is married with three children and lives in Pasadena, California.