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DEVELOPMENT; CHAPTER 4: Normal Anatomy
Present Definition of the Gastroesophageal JunctionANATOMY AND PHYSIOLOGY; ENDOSCOPIC/GROSS LANDMARKS; THE MEANING OF ENDOSCOPIC/GROSS LANDMARKS; PRESENT DEFINITION OF THE GASTROESOPHAGEAL JUNCTION; WHAT IS THE CARDIA? LET'S REMOVE THIS TERM FROM OUR VOCABULARY; THE LOGICAL CONCLUSION THAT SHOULD BE TESTED; CHAPTER 5: Histologic Definitions and Diagnosis of Epithelial Types; DEFINITIONS; PROBLEMS WITH THE DEFINITIONS; DIAGNOSIS OF DIFFERENT EPITHELIAL TYPES; CHAPTER 6: Cardiac Mucosa; WHAT IS CARDIAC MUCOSA?; WHERE IS CARDIAC MUCOSA LOCATED?; IS CARDIAC MUCOSA PRESENT IN EVERYONE?
WHAT IS OXYNTOCARDIAC MUCOSA, AND WHERE IS IT?HOW MUCH CARDIAC AND OXYNTOCARDIAC MUCOSA ARE PRESENT?; WHAT DOES THE PRESENCE/ABSENCE AND AMOUNT OF CARDIAC MUCOSA MEAN?; WHAT DOES INCREASING LENGTH OF CARDIAC MUCOSA MEAN?; A HUMAN EXPERIMENT; SUMMARY STATEMENT REGARDING CARDIAC MUCOSA; CHAPTER 7: New Histologic Definitions of Esophagus, Stomach, and Gastroesophageal Junction; LET US ESTABLISH COMMON GROUND IN HISTOLOGY; LET US UNDERSTAND THE PROBLEM; NORMAL HISTOLOGY OF THE ESOPHAGUS AND STOMACH: A STATEMENT OF FACT AND NEW HISTOLOGIC DEFINITIONS; APPLICATION OF THESE DEFINITIONS TO PRACTICE
CHAPTER 8: Pathology of Reflux Disease at a Cellular Level: Part 1-Damage to Squamous Epithelium and Transformation into Cardiac MucosaREFLUX-INDUCED DAMAGE OF THE SQUAMOUS EPITHELIUM; COLUMNAR METAPLASIA OF THE SQUAMOUS EPITHELIUM; SUMMARY; CHAPTER 9: The Pathology of Reflux Disease at a Cellular Level: Part 2-Evolution of Cardiac Mucosa to Oxyntocardiac Mucosa and Intestinal Metaplasia; HISTOLOGIC COMPOSITION OF COLUMNAR-LINED ESOPHAGUS; CARDIAC TO OXYNTOCARDIAC MUCOSA: THE BENIGN GENETIC SWITCH; CARDIAC MUCOSA TO INTESTINAL METAPLASIA: THE SECOND GENETIC SWITCH
CHAPTER 10: Pathology of Reflux Disease at a Cellular Level: Part 3-Intestinal (Barrett) Metaplasia to Carcinoma

Sommario/riassunto

The increasing incidence of esophageal adenocarcinoma has created an enormous interest and stimulus for research in this area. GERD brings together, for the first time, a vast amount of disparate literature and documents the entire pathogenesis of reflux disease in one place. The book presents reflux carditis as a new diagnostic criterion of GERD and for the first time defines the dilated end-stage esophagus and the earliest microscopic phase of GERD that is missed by present diagnostic criteria. GERD presents both clinical and pathological information and is meant to be used as