

## COLLEGE of AMERICAN PATHOLOGISTS

# In Vivo Microscopy for the Evaluation of Barrett Esophagus

In vivo microscopy uses light of various wavelengths to produce 2D and 3D microscopic images of living (in vivo) human tissues. One important clinical application is imaging of the gastrointestinal tract.

#### Where to Biopsy?

Patients with Barrett esophagus are at risk of developing carcinoma. Patients often undergo multiple repeat biopsies. Even using a 1 cm or 2 cm, four quadrant biopsy protocol, the rate of detecting dysplasia can be low and many unnecessary biopsies are taken.

## **Targeted Biopsies**

Given the usual small size of the dysplastic areas, traditional screening is a shotgun approach to detection. IVM can help target higher-yield, more diagnostic sites.







Traditional "white light" endoscopy shows Barrett-type epithelium in the distal esophagus. Surveillance requires numerous biopsies.

Patients are better served if the biopsies can be better targeted. That's where in vivo microscopy comes in.

## **IVM Optical Biopsy Guides Site Selection**

An optical biopsy, using confocal laser endomicroscopy, for example, is a noninvasive in vivo microscopic assessment of tissue architectural and cellular morphology. It provides 2D images in a parallel tissue plane (en face) with  $1 \mu m$ -2  $\mu m$  resolution at a depth of 10  $\mu m$ .



Traditional surgical biopsy, taken transverse to the tissue plane, shows malignant glands corresponding to the in vivo confocal image on the right.

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The architectural and cellular patterns generated by in vivo microscopy are interpretable by pathologists to make differential diagnoses and to identify areas for biopsy, improving diagnostic yield. The image on the left shows a focus of malignant glands.

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