Buchbesprechung

Chandrasoma, P.: Diagnostic Atlas of Gastroesophageal Reflux Disease. A New Histology-based Method. 320 pp. Academic Press, Amsterdam, 2007. Hardcover EUR <D> 125.–, £ 86.00, US \$ 150.00.

Symptomatic gastroesophageal reflux disease (GERD) affects 20–30% of individuals in Europe and represents the most frequent disorder of the upper gastrointestinal tract. Currently a mixture of symptoms, endoscopic and histopathologic findings and the results obtained from esophageal function tests (esophageal manometry, impedance-pH monitoring) defines GERD. The inability to accurately define GERD produced a spectrum of terms ranging from “non erosive-”, “erosive reflux disease” and “functional heartburn” to “hypersensitive esophagus”. In addition, GERD management is symptom driven, excluding those with asymptomatic GERD and risk for esophageal cancer from diagnostic work up. Finally, irrespective of our therapeutic and diagnostic approaches, the incidence of GERD induced esophageal adenocarcinoma increased 3.5 fold within the last 15 years in Austria and other European countries.

This novel book coming from an outstanding institution and an author with world-wide reputation in the field of esophagology, esophageal oncology and GERD management, represents a fascinating, *highly motivating* and “easy to follow” histopathology-based approach towards GERD. Based on the novel concept, severity of GERD is accurately defined by clear, strict, reproducible histopathologic criteria, irrespective of presence or absence of symptoms and endoscopic findings.

There is no more need to spend time on NERD, ERD, functional heartburn or hypersensitive esophagus. Definition of reflux becomes easy.

This book is *bliss upon bliss* for gastroenterologists! The novel concept clearly defines those having reflux and risk for esophageal adenocarcinoma, irrespective of symptoms and endoscopic appearance. *Barrett esophagus* is recognized of having a precursor! For the first time, the book unravels the mystery of the “gastric cardia”, “cardia intestinal metaplasia” and the oncology of the esophagogastric junction. The book will definitely change your clinical routine!

The book is well written, easy to read and includes numerous high quality color pictures, histopathology images, schematic drawings and tables, which contribute to facilitate understanding. The conclusions drawn by the author are convincing and adequately based on published literature. The book includes anatomy, pathophysiology of GERD, macro-pathology, novel biopsy protocols and histopathology, consequences for management (surveillance, surgery) and effective cancer prevention!

Here GERD is defined at the histopathologic level. Now gastroenterologists are at turn to include these novel concepts into the management of their GERD patients. Otherwise GERD patients will be first and force their physicians to do so (www.chandrasoma.com).

Taken together, this book definitely changes our approach towards GERD, largely influences our understanding of the disease and, if brought into clinical practice, contributes to reduce the frequency of esophageal adenocarcinoma. Therefore the book is recommended to all involved in GERD management.

Johannes Lenglinger, Martin Riegler, Vienna

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