

Argon Plasma Coagulation and Endoscopic Banding in the Treatment of Refractory Gastric Antral Vascular Ectasia-Associated GI Bleed

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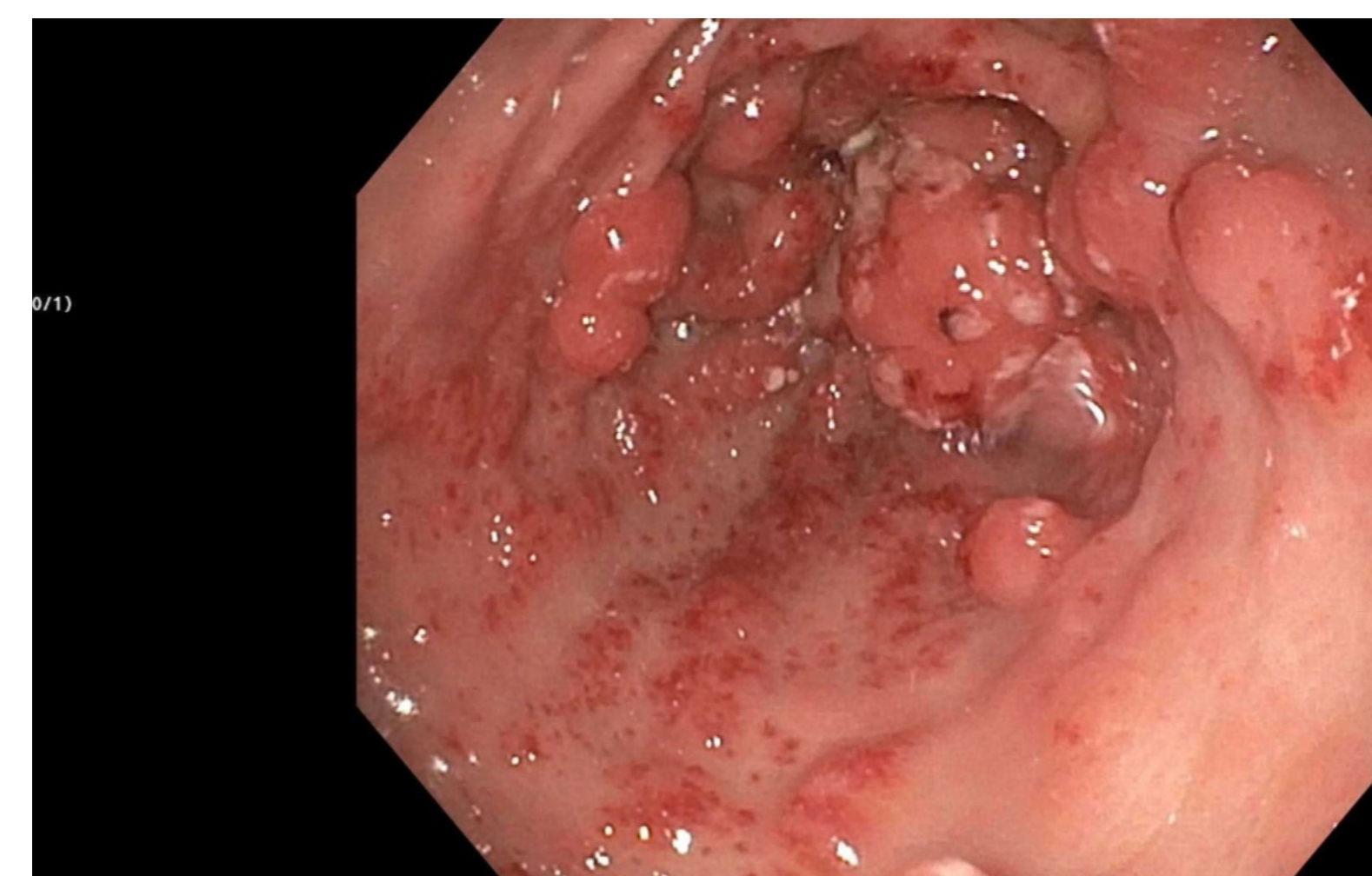
INTRODUCTION

- Gastric antral vascular ectasia is often associated with chronic liver disease or autoimmune disorders and characterized by red, angiomatous lesions in the antrum found during endoscopic examination
- This disease accounts for about 4% of non-variceal upper gastrointestinal bleeding and commonly leads to iron deficiency anemia
- Current treatment consists of endoscopic argon plasma coagulation (APC) or radio frequency ablation (RFA)
- However, endoscopic band ligation (EBL) has emerged as an alternative therapy for refractory GAVE and has been shown to decrease risk of bleeding

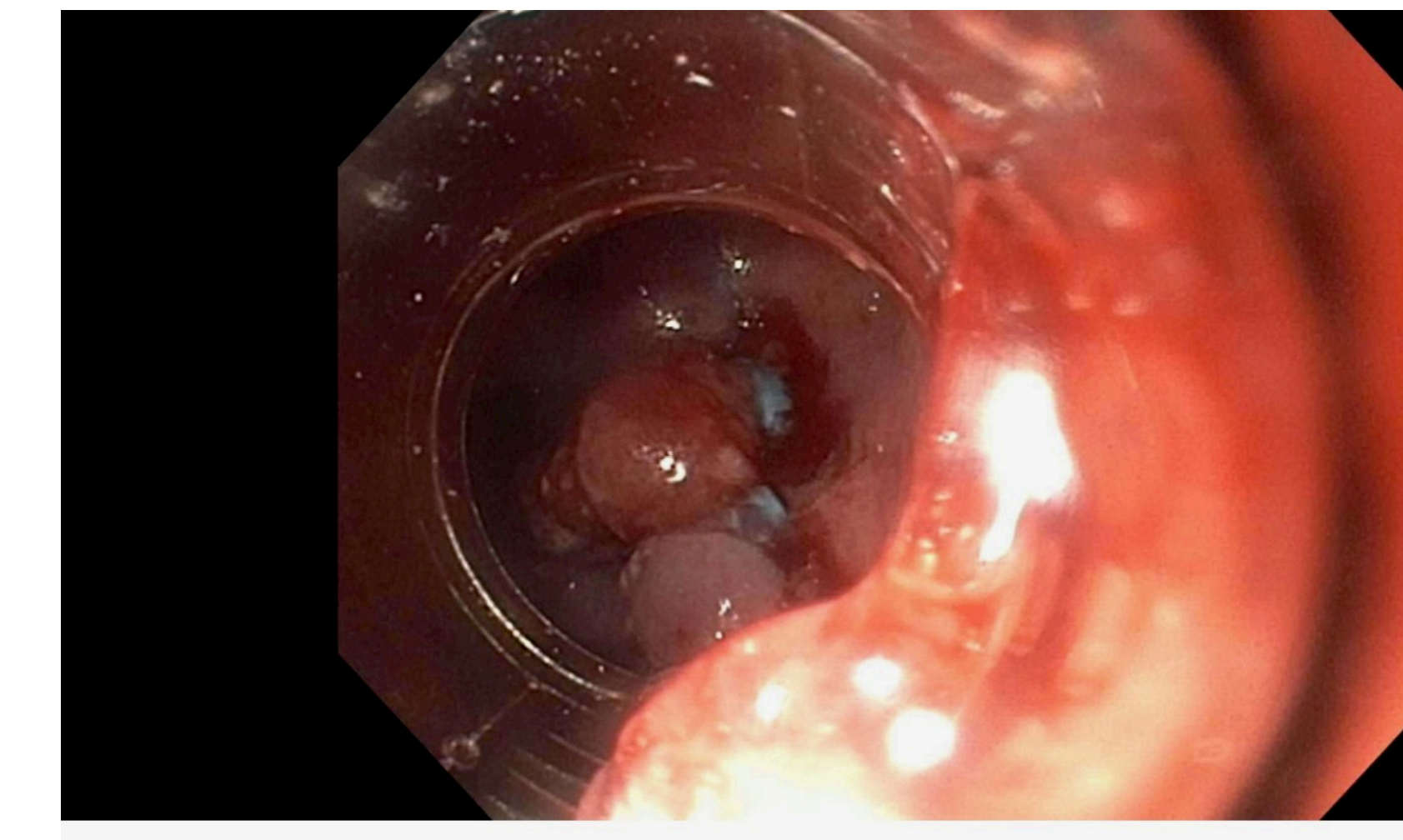
CASE

- A 65-year-old male with a past medical history of cardiac and kidney disease presented with melena and iron deficiency anemia
- He was hemodynamically stable on admission
- Presenting hemoglobin was 6.7 g/dL with a baseline of 8 g/dL
- His initial upper endoscopy revealed severe GAVE with significant bleeding and mild nodularity within the gastric antrum requiring APC treatment
- Biopsies at that time were negative for malignancy or *H. pylori*

IMAGING

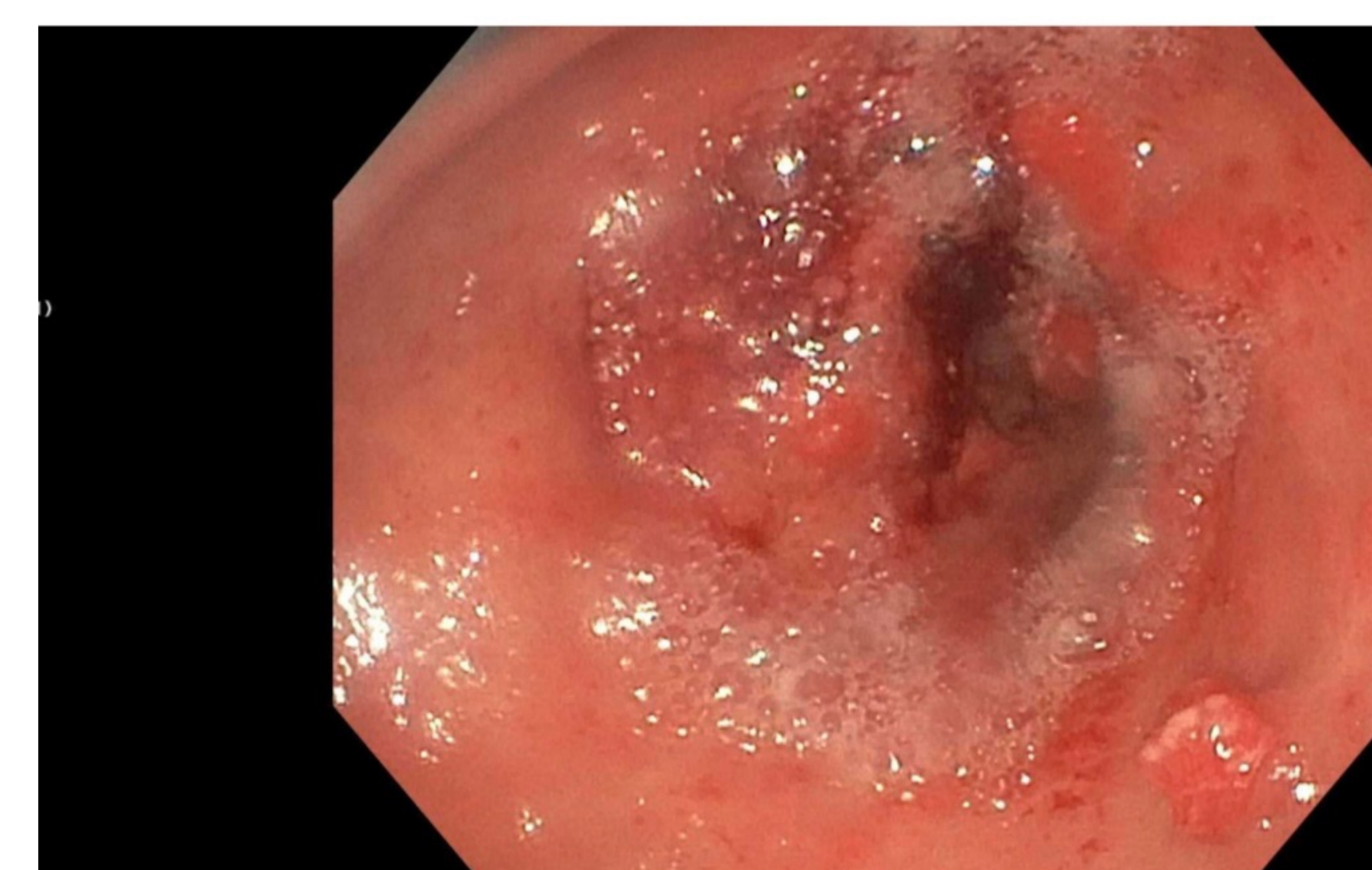


Pre-pyloric Stomach :
Gastric Antral Vascular
Ectasia (GAVE), Polyp(s) A



Pre-pyloric Stomach :
Gastric Antral Vascular
Ectasia (GAVE) s/p
banding B

A Initial EGD revealing GAVE with significant bleeding.
B. Repeat EGD revealing worsening nodular antral gastropathy.
Pt treated with APC and EBL



Pre-pyloric Stomach :
Gastric Antral Vascular
Ectasia (GAVE) C

C. Repeat EGD revealing improvement of GAVE with minimal Bleeding

CASE CONT.

- The patient continued to have persistent anemia requiring outpatient blood transfusions
- He underwent a follow-up upper endoscopy five months later, which revealed worsening nodular antral gastropathy formation
- The decision was made to treat the patient with both APC and EBL
- Two months later, a repeat upper endoscopy revealed improvement of GAVE with minimal bleeding
- The patient's hemoglobin also remained stable over the course of the two months and did not require further blood transfusions

DISCUSSION

- GAVE commonly presents with significant UGIB commonly requiring multiple blood transfusions
- Patients are commonly treated with acid suppression medication or endoscopic treatment with APC or RFA
- However, in this particular case, we highlight the use of dual treatment with APC and EBL in improvement of blood loss and stabilization of anemia
- Though there is limited literature in regards to the duration of EBL use and long-term effects, this adjunct treatment option should be considered in GAVE patients that have refractory anemia or lack endoscopic improvement with treatment of solely APC or RFA