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LETTERS TO THE EDITOR
EDİTÖRE MEKTUP
A case report of gastric antral vascular ectasia (watermelon stomach) as a rare cause of gastrointestinal bleeding

Gastrointestinal kanamanın nadir bir nedeni olarak gastrik antral vasküler ektazi (watermelon stomach) olgu sunumu

To the Editor,

Gastric antral vascular ectasia (GAVE) is a rare cause of recurrent gastric bleeding which can lead to development of transfusion-dependent iron deficiency anemia in some patients (1). A 77-year-old man was referred to our hospital for the etiologic diagnosis and treatment of recurrent gastrointestinal bleeding lasting for a year and causing anemia. He had endoscopic and histologic diagnosis of antral erosive gastritis. Laboratory investigation had revealed iron deficiency anemia with hemoglobin level of 9.8 g/dl and positive occult blood in stool. Serum levels of vitamin B12, gastrin, and complement were normal. Upper gastrointestinal endoscopic reexamination in our unit revealed the characteristic endoscopic appearance of GAVE with intensely red stripes radiating to the pylorus on antrum (Figure 1). Histopathological findings of the endoscopic biopsy were hyperplastic gastric foveolae characterized by intestinal metaplasia and numerous, dilated blood vessels at submucosa, some of which contained organizing thrombi. Ultrasonography, Doppler ultrasonography and computerized tomography (CT) showed no evidence of any tumoral or parenchymal disease of intraabdominal organs. The patient underwent antrectomy, Billroth I anastomosis, and bilateral truncal vagotomy. Histopathologic examination of specimens confirmed the diagnosis of GAVE. Additionally, on three separate foci, gastric carcinoma invading the submucosa was also detected. One month after the operation, his physical and endoscopic examinations were normal with a hemoglobin value of 11.8 g/dl.

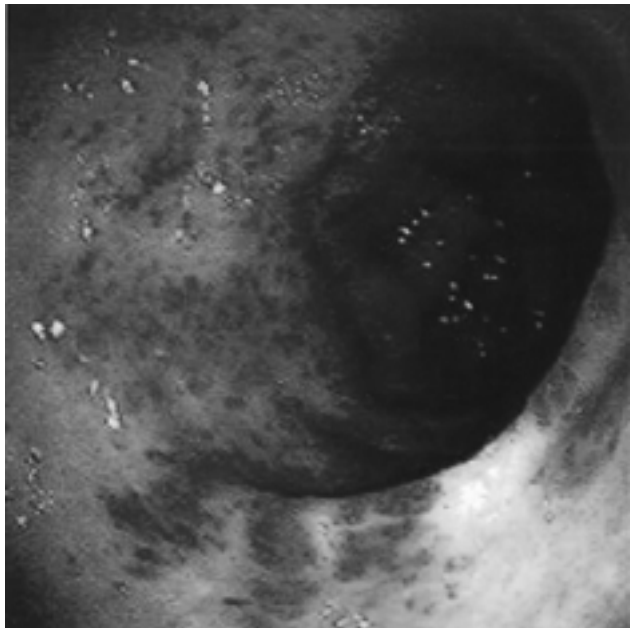

Figure 1. Gastroscopic appearance showing longitudinal erythmatous stripes resembling the stripes of a watermelon

Gastric antral vascular ectasia (GAVE) is a rare cause of recurrent gastric bleeding which can lead to development of transfusion-dependent iron deficiency anemia in some patients (1). Approximately 30% of the patients with GAVE syndrome have cirrhosis. The classic non-cirrhotic patient with GAVE is a middle-aged female (5). At the time of diagnosis, patients with GAVE frequently have chro-

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nic significant blood loss often resulting in transfusion dependency (5). GAVE may be suspected as "gastritis" due to red mucosa, or may not be recognized due to blood in antrum or because of paleness of mucosa due to hypoperfusion (13). Morever, GAVE may be missed on histopathologic examination (10). Although the etiology of GAVE syndrome remains unknown, some authors have suggested mechanical stress with the prolapse of antral mucosa through the pylorus (3), and the local release of vasoactive substances, such as vasoactive intestinal peptide and 5-hydroxtryptamine (16).

Several therapeutic modalities, depending upon the severity of disease, have been used for the treatment of GAVE. In many cases, oral or parenteral iron supplementation may be sufficient; however, transfusion-dependent patients require medical, endoscopic or surgical treatment (1). Many authors agree that surgical treatment is the only curative therapeutic modality in GAVE. Antrectomy by Billroth I anastomosis is the most commonly used procedure (31).

Our case emphasizes that GAVE should be remembered as an uncommon cause of recurrent upper gastrointestinal bleeding or iron deficiency anemia. The possibility of coexistence with gastric carcinoma, as in our case, should also be kept in mind.

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