

An Unusual Cause of Anemia in a Middle-Aged Woman

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A previously healthy 50-year-old woman presented to the gastroenterology department with anemia (hemoglobin level 8.0 g/dL) first detected at a medical check-up. Vital signs were normal, and the patient had no visible symptoms. Laboratory evaluation showed iron-deficiency anemia. Esophagogastroduodenoscopy revealed gastric antral vascular ectasia (GAVE) (Fig. 1), which is also known as s watermelon stomach.¹⁻³ Contrast-enhanced computed tomography and colonoscopy confirmed no hemorrhagic diseases. GAVE is an unusual but important cause of gastrointestinal blood loss and anemia; thus, endoscopic argon plasma coagulation (APC) was performed (Fig. 2). One month later, the anemia resolved. Furthermore, the patient's hemoglobin levels have stabilized at 12.0-14.0 g/dL without any additional treatment for five years.

GAVE has a unique endoscopic appearance characterized by prominent flat or raised erythematous stripes radiating in a spoke-like fashion from the pylorus to the antrum, resembling a watermelon.¹⁻³ The understanding of the pathophysiological changes leading to GAVE remains poor, although it has been reported that GAVE is commonly associated with autoimmune disorders and cirrhosis.¹⁻³ That said, in the present case, the patient was found to have none of these conditions. Endoscopic ablation, including APC, is the first-line treatment of choice for this condition.^{2,3}



FIG. 1. (A) Endoscopic view of gastric antral vascular ectasia (GAVE). (B) Endoscopic view of the characteristic longitudinal red columns radiating the pylorus.

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There is often confusion between portal hypertensive gastropathy (PHG) related to cirrhosis and GAVE.^{1,2} However, GAVE and PHG are distinct entities that require different treatments. The mainstay of PHG management is based on pharmacological treatment of portal hypertension.^{1,3} They are distinguished by their characteristic locations; generally, GAVE is limited to the antrum, whereas PHG predominantly causes changes of the mucosa in the fundus and corpus.¹⁻³

CONFLICT OF INTEREST STATEMENT

None declared.

REFERENCES

- 1. Sebastian S, O'Morain CA, Buckley MJ. Review article: current therapeutic options for gastric antral vascular ectasia. Aliment Pharmacol Ther 2003;18:157-65.
- 2. Selinger CP, Ang YS. Gastric antral vascular ectasia (GAVE): an



FIG. 2. Argon plasma coagulation for GAVE.

Article History:

Received January 11, 2021 Revised January 15, 2021 Accepted January 16, 2021

https://doi.org/10.4068/cmj.2021.57.3.221 $\hfill {\mathbb C}$ Chonnam Medical Journal, 2021

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update on clinical presentation, pathophysiology and treatment. Digestion 2008;77:131-7.

3. Patwardhan VR, Cardenas A. Review article: the management of

portal hypertensive gastropathy and gastric antral vascular ectasia in cirrhosis. Aliment Pharmacol Ther 2014;40:354-62.

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