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Hemostatic powder with argon plasma coagulation in management of gastric antral vascular ectasia after failure of APC therapy alone

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CASE REPORT

A 62-year-old woman with a medical history of cirrhosis due to advanced primary biliary cholangitis was referred for recurrent severe anemia. Upper GI endoscopy revealed a gastric antral vascular ectasia (GAVE) (Figure 1). The hemoglobin levels were measured between 3 and 6 mg/dl for 10 years, and she received blood transfusion 2-3 times a year and continued endoscopic treatment. In particular, for 2 years from 2018, the decrease in hemoglobin level continued to be more severe, and endoscopic hemostasis using argon plasma coagulation (APC) was performed 11 times in total, but there was no significant clinical improvement. Finally, we performed the more complete endoscopic GAVE treatment using APC and hemostatic powder (UI-EWD) combined treatment performed. Immediately after

coagulation, UI-EWD was applied to the post coagulation ulcer (Figure 2(A,B)). After that, the following endoscopy performed one month later showed that the GAVE almost had disappeared and the hemoglobin level rose to more than 8 mg/dl (Figure 3).

DISCUSSION

Although the management of GAVE by endoscopic APC was the mainstay of non-surgical treatment, there has some limitations such as persistent bleeding and complication (1) Recently, hemostatic highly adhesive powder (UI-EWD; Next biomedical, Incheon, South Korea) was developed and used the cased that refractory UGIB included the non-variceal and variceal bleeding (2,3.) This case showed the patient who have portal hypertension with refractory GAVE. By application the hemostatic powder, we reduced the risk of complications related to the procedure and performed a more active APC treatment that resulted in treatment success.

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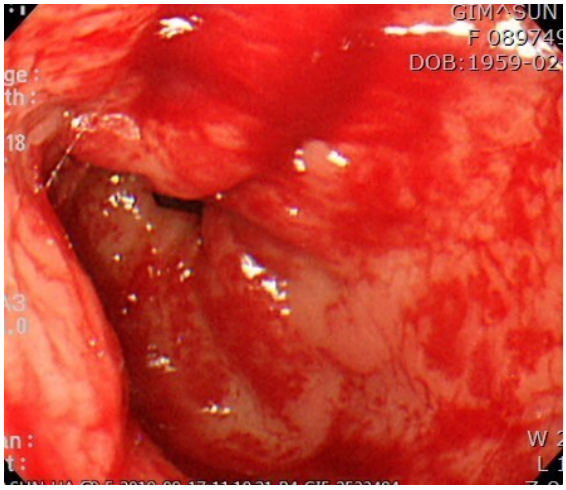

Figure 1. Endoscopic finding of refractory gastric vascular ectasia lesions

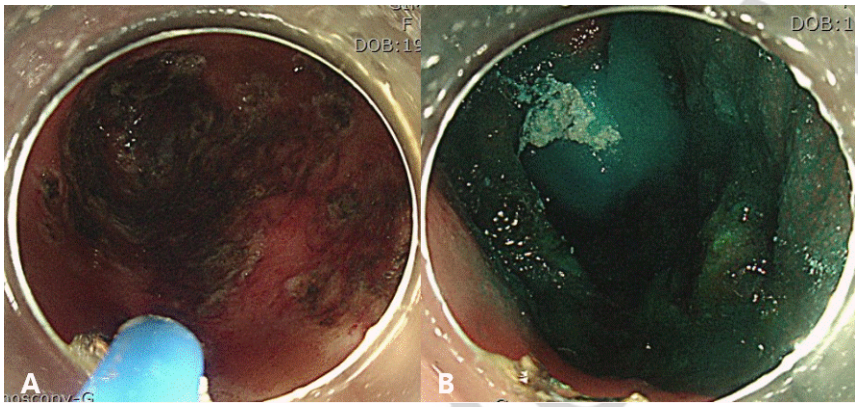

Figure 2. Endoscopic treatment of APC (A) with hemostatic powder(B)

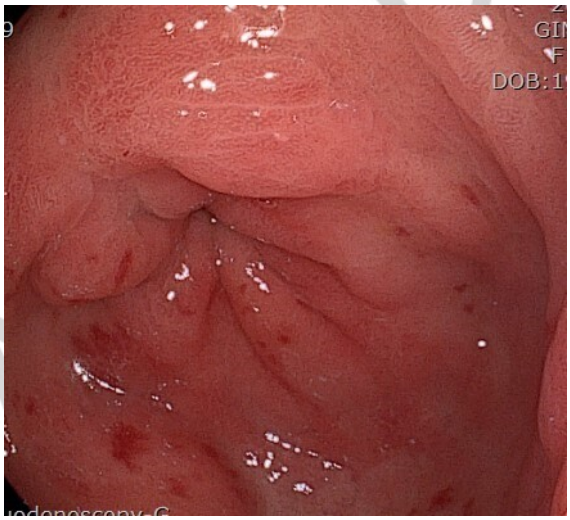

Figure3. One month after the last endoscopic treatment, the majority of ectasia lesions have disappeared.