

Title:

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Hybrid-APC treatment for gastric vascular ectasia of an atypical location after failed radiofrequency ablation

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Dear Editor,

A 76-year-old female was followed up for chronic anemia secondary to bleeding from vascular ectasias at the gastric antrum and the cardial and subcardial region (Fig. 1A). On several occasions, the patient required fulguration of these lesions with conventional argon plasma coagulation (APC), which resulted in no clear improvement. Radiofrequency ablation of these lesions was then attempted using a 90-degree probe, which was successful on antral angiodysplasias but failed to remove lesions in the cardial and subcardial region, as the anatomy prevented proper apposition of the probe onto the target mucosa. Given the absence of any improvement, it was decided to use fulguration for angiectasias at the cardial and subcardial level by means of Hybrid-APC. This technique consists of lifting the mucosa with an injection through the APC probe (Fig. 1B) and then fulgurating in the Pulsed APC® mode (Fig. 1C), thus achieving a broader ablation area in a shorter time (Fig. 1D). During the subsequent review a clear reduction of vascular ectasias was observed.

Discussion

Gastric vascular ectasias represent vascular malformations that may result in occult or overt gastrointestinal bleeding (1). They are usually managed with APC but their refractoriness rate is high. Radiofrequency is another option that has high success rates in locations such as the antrum. However, radiofrequency may be more challenging for treating lesions in complex anatomical regions, as in our case. Thus, newer fulguration modalities have emerged, including Hybrid-APC, which is currently mainly used for the management of Barrett's esophagus (2). This therapy combines submucosal injection of saline, epinephrine, and indigo carmine with Pulsed APC® subsequently, which decreases the risk of complications such as perforation (3) and achieves success rates higher than those of conventional APC. Other techniques are also described in the literature, such as the one proposed by Song DS et al. (4), consisting of a topical hemostatic spray combined with APC. This technique has shown success rates higher than those of conventional APC, and may be an alternative therapy similarly to Hybrid-APC. However, the cost may be higher than for Hybrid-APC. Thus, further studies are needed to compare both strategies.

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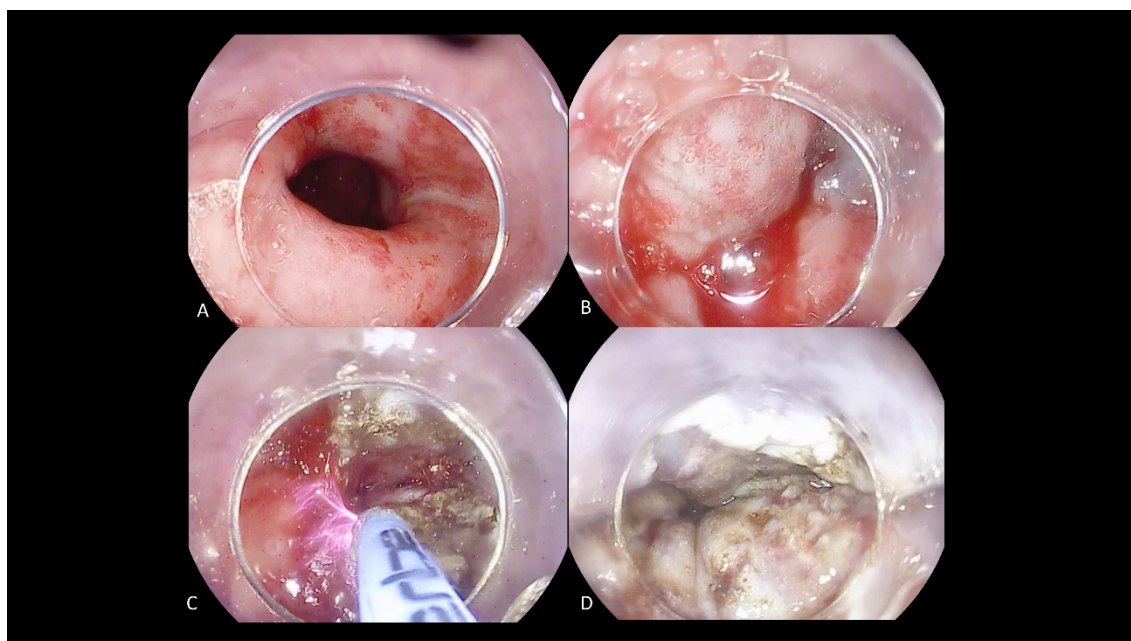


Fig. 1. A. Vascular ectasias in the cardia. B. Pre-fulguration lifting. C. Fulguration with Pulsed APC®. D. Image of the cardia after the use of Hybrid-APC.