De novo arteriovenous malformations following implantation of the HeartMate II left ventricular assist device

The HeartMate II (HMII) is the most popular continuous-flow left ventricular assist device (CF-LVAD) employed worldwide. Implantation of CF-LVADs has been associated with high rates of gastrointestinal bleeding, particularly from arteriovenous malformations (AVMs) [1,2]. Part of the increased bleeding risk relates to a reduction in circulating von Willebrand factor multimers [3]. However, it has also long been hypothesized that loss of the physiologic pulse, as occurs with CF-LVAD placement, may lead to hemodynamic changes in the gastrointestinal mucosa that are ultimately "angiodysplasia-genic" [4]. A 65-year-old man with no previous history of AVMs or gastrointestinal hemorrhage underwent uncomplicated implantation of a HMII device. He presented to the hospital 5 weeks postimplantation with frank hematochezia. After stabilization, he underwent both upper and lower gastrointestinal endoscopic evaluations, which revealed several large cecal AVMs with stigmata of recent bleeding (Fig. 1), as well as numerous gastric antral AVMs without signs of bleeding. These AVMs were treated successfully with argon plasma coagulation (APC) therapy. He also underwent video capsule endoscopy, which revealed a single 4-mm, nonbleeding AVM in the jejunum, which was not treated. Once he had been stabilized, the patient was discharged home. He re-presented to the hospital 4 weeks later with recurrent gastrointestinal bleeding showing several large cecal arteriovenous malformations with overlying clotted blood in the cecum.

References


Bibliography

DOI http://dx.doi.org/10.1055/s-0032-1325899
Endoscopy 2012; 44: E441
© Georg Thieme Verlag KG Stuttgart · New York
ISSN 0013-726X

Corresponding author

R. J. Huang, MD
Stanford University Medical Center
300 Pasteur Drive
Lane 154
Stanford, CA 94305-1509
USA
Fax: +1-650-723-4000
rjhuang@stanford.edu

Fig. 1 Image from a lower gastrointestinal endoscopy performed on a 65-year-old man with a continuous-flow left ventricular assist device who presented with frank hematochezia showing several large cecal arteriovenous malformations with overlying clotted blood in the cecum.

Fig. 2 Image from an endoscopy 4 weeks later when the patient re-presented with recurrent gastrointestinal bleeding showing the presence of two new 10-mm arteriovenous malformations in the proximal stomach that were not present on the previous endoscopic evaluation.

Fig. 3 99mTc-Technetium-labeled red blood cell scintigraphy demonstrating an abnormal focus of radiotracer in the left upper quadrant moving obliquely and inferiorly toward the midline (yellow arrow), suggestive of an actively bleeding jejunal lesion.