Radiofrequency ablation of gastric antral vascular ectasia of the gastric cardia

A 63-year-old woman was referred for iron-deficiency anemia and melena that was requiring multiple blood transfusions. She had undergone multiple uninformative upper endoscopies and colonoscopies that had been performed by two different gastroenterologists. The patient had undergone a capsule endoscopy that had shown a questionable vascular ectasia in the distal ileum. She therefore underwent retrograde single-balloon enteroscopy; this showed melena from the terminal ileum to the middle jejunum. Given this finding, indicating a more proximal gastrointestinal bleed, an upper endoscopy was performed that showed a prominent erythematous ring of vascular ectasias in the gastric cardia just below the gastroesophageal junction; this was consistent with gastric antral vascular ectasia (GAVE) of the gastric cardia. The lesion appeared ideal for ablation with a focal radiofrequency ablation (RFA) catheter. The patient underwent three sessions of RFA, each 2 months apart. By the fourth endoscopy, 6 months after the first endoscopy, the GAVE had resolved.

The gastric cardia after three sessions of radiofrequency ablation (RFA). Endoscopy_UCTN_Code_TTT_1AO_2AD

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Arvind J. Trindade, Sumant Inamdar, David Magier
Division of Gastroenterology, Hofstra Northwell School of Medicine, Northwell Health System, Long Island Jewish Medical Center, New Hyde Park, New York, USA

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Corresponding author
Arvind J. Trindade, MD
Long Island Jewish Medical Center, Hofstra Northwell School of Medicine, Northwell Health System
270-05 76th Avenue
New Hyde Park, NY 11040
USA
Fax: +1-718-470-5509
arvind.trindade@gmail.com

Gastric antral vascular ectasia (GAVE) of the gastric cardia treated using a focal radiofrequency ablation (RFA) device, and subsequent resolution of the GAVE.