An Endoscopic Treatment for Gastric Angiodysplasia, Using an Endoscopic Ligating Device Designed to Treat Esophageal Varices

Arteriovenous malformations may arise from any site in the digestive tract. Gastric angiodysplasia is one of the less frequent localizations, causing approximately 2–4% of upper gastrointestinal bleedings (1). Several diagnostic and therapeutic tools are currently available (2).

A 65-year-old woman was admitted to our hospital due to two episodes of hematemesis one week previously, and with signs of severe hypochromic anemia. A diagnostic endoscopic examination showed a single angiodysplasia located at the middle part of the posterior wall of the stomach. No signs of other possible sources of bleeding were observed. We have developed a technique for endoscopic resection using an endoscopic ligating device, and have recently been used this in the treatment of esophageal varices (3). After sliding the overtube into the esophagus, a forward-viewing endoscope with an endoscopic ligating device was inserted through the overtube (Figure **1**). Suction was applied, forcing the mucosal lesion to protrude into the housing at the tip of ligating device. A rubber band was then placed around the base of the lifted tissue, creating a pedunculated polyp containing the lesion on its apex (Figure **2**). During the suction process, hemorrhage from the lesion was noted, and this ceased immediately after band ligation. Five days after the ligation, a shallow ulcer was observed at the location of the lesion. The ulcer healed under ranitidine treatment (2 × 150 mg) within four weeks. There was no recurrence of the hemorrhage, nor was there any anemia during a six-month follow-up.

The technique is simple and quick, taking only few minutes and not involving any specific skill in handling the endoscope.

A. Baniukiewicz, W. Laszewicz
Dept. of Gastroenterology, Medical School, Bialystok, Poland

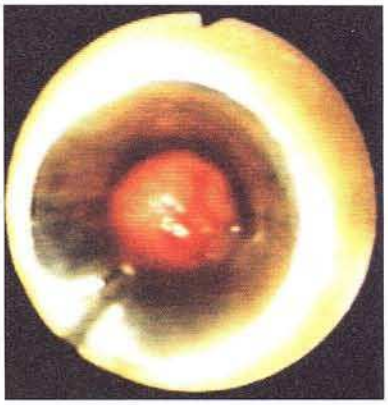

Figure 1: Internal view of the ligating device attached to the forward-viewing endoscope. Slight bleeding from the angiodysplasia is seen at the top of the induced polyp.

Figure 2: The pedunculated polyp created by applying a rubber band around the base of the angiodysplasia.

References

1. Harford WV. Gastrointestinal angiodysplasia: clinical features. Endoscopy 1988; 20: 144–8.
2. Dover S, Mills PR. Upper gastrointestinal hemorrhage. Curr Opin Gastroenterol 1992; 8: 945–51.
3. Stiegmann GV, Sun JH, Hammond WS. Results of experimental endoscopic esophageal varix ligation. Am J Surg 1988; 54: 105–8.

Corresponding Author
A. Baniukiewicz, M.D.
Dept. of Gastroenterology
Medical School
M.C. Sklodowskiej 24a
15-276 Bialystok
Poland
Fax: +48-85-286-80