

Gastric antral vascular ectasia (GAVE) as unusual cause of chronic severe IDA in a MDS patient

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GAVE is a rare disorder causing upper GI bleeding. Although its accurate etiology remains unknown, it is one of the important causes of obscure GI bleeding. According to definition by Jabbari et al, visible columns of red tortuous ectatic vessels along the longitudinal folds of the antrum are pathognomic finding. However, it can easily be mistaken for antral gastritis. Here, we present a GAVE case which discomforted physicians with atypical clinical course during the treatment of MDS. 75-YO female patient presented to our Dept for further evaluation of refractory anemia in Dec 2018. Until presentation, she had been treated for anemia at one tertiary-center, where she received thorough work-up including GI study and bone marrow bx without conclusive diagnosis. Meanwhile, she received PRC transfusion irregularly. At the time of present, initial her CBC revealed macrocytic hyperchromic anemia (MCV 97.6/MCH 31.5) despite of iron deficiency status. VitB12 and folate were normal. She received GFS/CFS and follow-up BM bx for unexplained anemia. GI study didn't find any bleeding focus and BM biopsy revealed dyserythropoiesis and dysmegakaryopoiesis suggesting MDS. Because her karyotype was normal and EPO level was 127 mIU/mL, we tried darbepoetin for 2 months. But her Hb decreased to 5 g/dL. In this time, MCV and MCH also decreased. But, she denied melena or hematuria. Subsequently performed PNH test was negative but reticulocyte increased up to 5.0%. She asked for second opinion at other university hospital hematology Dept which recommended hypomethylating agent. Even after 4 cycles of vidaza treatment, her CBC didn't get better. Oddly, she was still in iron deficiency state despite of numerous transfusion history. Repeated endoscopy was performed. Initially endoscopic report was erosive gastritis involving antrum. But after review of her previous endoscopic finding, gastroenterologist replied to our consultation that GAVE was more reasonable diagnosis. She received endoscopic argon plasma ablation and iron supplement. Because diagnosis of GAVE can be overlooked during endoscopy, consultation to expert enterologist is important.

