The Treatment Road for Gastric Antral Vascular Ectasia in the Setting of Systemic Sclerosis

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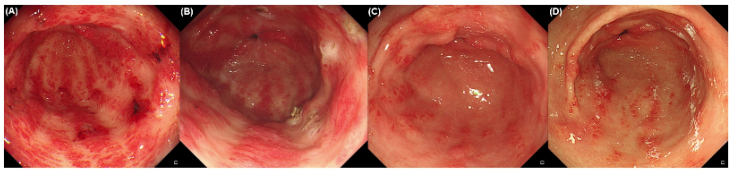
Gastric antral vascular ectasia (GAVE) is a rare condition that can occur in patients with systemic sclerosis (SSc), and it is characterized by dilated blood vessels in the stomach that can cause chronic blood loss. We report a case of a 62-year-old female patient diagnosed with diffuse SSc accompanied by interstitial lung disease (ILD), who presented with severe anemia and GAVE. At the time of diagnosis, the patient had a hemoglobin level of 4.9 g/dL and a modified Rodnan skin score (mRSS) of 24. Initial endoscopic examination showed prominent erythematous stripes radiating from the pylorus to antrum, typically known as "watermelon stomach" (Figure 1A). The patient's blood test had positive ANA (1:160, nuclear speckled), anti-RNA polymerase Ⅲ(+), and anti-Ro/SSA (+). Three months after the diagnosis, the patient rapidly developed progressing skin thickening in the proximal area and exhibited tendon friction rubs in the fingers, wrists, and elbows. (Figure 2). Argon plasma coagulation (APC), three times per week, 15 times in total, was applied for the coagulation of the bleedings. Concurrently, Tocilizumab was initiated for SSc disease activity and concomitant ILD. Due to neutropenia and thrombocytopenia, tocilizumab was discontinued. Subsequently, we administered an intravenous immunoglobulin (IVIG) 1g/kg every month for 4 months and then switched to mycophenolate mofetil 2000mg/day (Figure 3). As reported in various cases, adding immune-modulating agents such as tocilizumab or IVIG into the GAVE treatment has demonstrated effectiveness and the potential to stabilize hemoglobin levels, particularly in cases where patients continue to experience persistent bleeding even after successive endoscopic coagulation procedures. Over the five months, the patient showed improvement in her anemia and GAVE, with a hemoglobin level of 9.9 g/dL and complete resolution of GAVE lesions on follow-up endoscopy (Figure 1-B-D). This case highlights the successful management of GAVE using repeated APC procedures concomitant immune-modulating agents in a patient with early progressive SSc.

Figure 1. Endoscopic pictures of the gastric antrum of the patient over time



(A) Initial
(B) A week later
(C) 3 months later
(D) 5 months later

Figure 2. Sclerodactyly of both hands of the patient

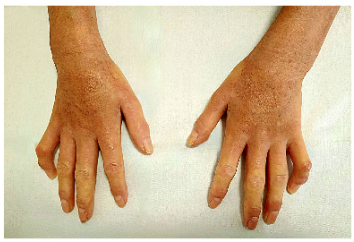


Figure 3. Overall course of treatment