

LETTERS

Dear Editors,

This letter is in regard to the article, “Gastric antral vascular ectasia (watermelon stomach)—an enigmatic and often-overlooked cause of gastrointestinal bleeding in the elderly” published in *The Permanente Journal* by Nguyen et al.¹ We share our experience managing a patient who mimicked as gastric antral vascular ectasia (GAVE).

A Caucasian male, age 83 years, was referred to our gastrointestinal clinic for iron deficiency anemia. On his six-month routine follow-up, his primary care physician incidentally noticed that his hemoglobin dropped from 14.1g/dL to 12.4g/dL. He denied any complaints of epigastric or abdominal pain, hematemesis, rectal bleeding, melena, or weight loss. He had no history of nonsteroidal anti-inflammatory drug use. His iron studies showed iron level of 43 μ /dL, total iron binding capacity 462 μ /dL; iron saturation 9% and serum ferritin 13.2ng/mL. His mean corpuscular volume (MCV), vitamin B-12, renal functions, and liver functions were within the normal range. His colonoscopy, performed in June of 2003, was negative. His past medical history was positive for hypertension and hyperlipidemia. There was no liver or spleen enlargement on his physical examination.

Because of his anemia, esophagogastroduodenoscopy was done. This revealed mucosal inflammation with erosion in the gastric antrum, suggesting GAVE (Figure 1). However, the biopsy indicated, *Helicobacter pylori* gastritis with Warthin-Starry stain showing *Helicobacter pylori*. He was treated with

antibiotics for *Helicobacter pylori* and given iron supplements. On six-month follow-up, the patient was doing fine with hemoglobin level of 13.8g/dL.

The majority of GAVE patients present with iron-deficiency anemia secondary to occult blood loss. GAVE has an appearance similar to the dark stripes on the surface of a watermelon, thus the name “watermelon stomach” is commonly used.² GAVE is diagnosed by the classic endoscopic appearance and may also be confirmed with endoscopic biopsy, endoscopic ultrasound, tagged red blood cell scan, or computed tomography scan.²⁻³

We agree with Nguyen et al that GAVE is an often-overlooked cause of gastrointestinal bleeding in the elderly.¹ Our case is unique in the sense that apparently it looked like GAVE on esophagogastroduodenoscopy, but pathology was different. It is interesting

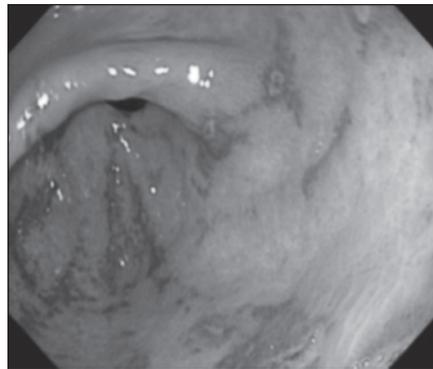


Figure 1. Showing the appearance similar to the dark stripes on surface of a watermelon, suggestive of gastric antral vascular ectasia.

to note that our patient had no history of cirrhosis of liver, autoimmune diseases, atrophic gastritis, CREST syndrome and/or bone marrow transplant. As we do not know the exact pathogenesis of GAVE,¹ if more cases like this are reported, one ponders if *Helicobacter pylori* also has some role in GAVE syndrome. ♦

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References

1. Nguyen H, Le C, Nguyen H. Gastric antral vascular ectasia (watermelon stomach)—an enigmatic and often-overlooked cause of gastrointestinal bleeding in the elderly. *Perm J* 2009 Fall;13(4):46-9.
2. Abbas K, Akram S, Gul W. An unusual cause of upper GI bleeding: gastric antral vascular ectasia. *J Ark Med Soc* 2010 Nov;107(6):108, 110.
3. Herman BE, Vargo JJ, Baum S, Silverman ED, Eisold J. Gastric antral vascular ectasia: a case report and review of the literature. *J Nucl Med* 1996 May;37(5):854-6.

Erratum

Antoline C, Kramer A, Roth M. Implementation and methodology of a multidisciplinary disease-state-management program for comprehensive diabetes care. *Perm J* 2011 Winter;15(1):43-8.

In the article listed above, Figure 2 on page 47 is incorrect. It should appear as shown here.

We regret this error. The article is correct at www.thepermanentejournal.org.

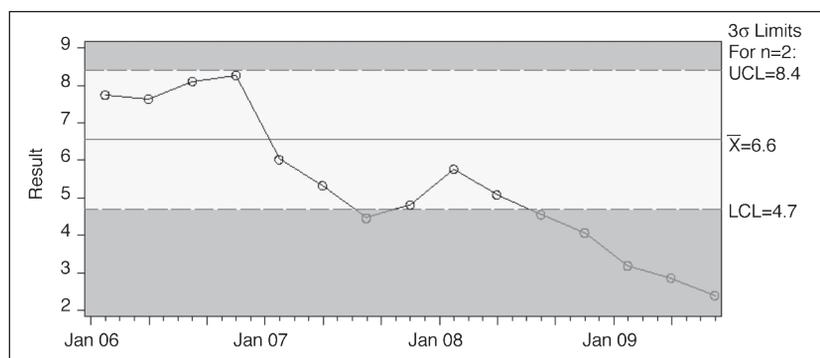


Figure 2. Long-term complications of diabetes mellitus (DM) per 1000 members per year with DM in the Kaiser Permanente Ohio Region.