

Esophageal Angioectasia with Stigmata of Recent Bleeding within Barrett's Esophagus

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A 65-year-old lady presented with coffee ground vomiting, haemoglobin drop from 8.0 to 6.5 g/dL, urea rise from 2.8 to 9.6mmol and hypotension.

Her medical history included a recent left total hip replacement for avascular necrosis, alcoholic liver disease and Barrett's esophagus for which she was undergoing 2-yearly surveillance. Her most recent esophagogastroduodenoscopy (EGD) had been performed three months earlier. This confirmed the presence of 5cm hiatus hernia and long segment of Barrett's esophagus, histology confirmed intestinal metaplasia with no evidence of dysplasia.

After supportive measures, including a 2-unit blood transfusion an EGD was performed. This confirmed the presence of Barrett's esophagus (C10 M11), within which was a 5 mm vascular ectasia at 30 cm from the incisors, at the 5 o'clock position. A white nipple was noted on top of the ectasia, likely to represent a sign of recent bleeding. The EGD was completed, with no alternate sources of bleeding identified.

The area of ectasia within the Barrett's segment was lifted with a submucosal injection of 3 mls of epinephrine (1:10'000) and treated with Argon Plasma Coagulation (APC). There were no complications, with no clinical or biochemical evidence of further bleeding within 30 days post therapy.

Angioectasias are uncommon cause of gastrointestinal bleeding [1]. However, there is just one previous case of oesophageal angioectasia described in the literature to date [2]. This case similarly occurred within a segment of Barrett's oesophagus and was successfully treated with APC. Here we describe the first case of an oesophageal angioectasia which appears to be responsible for significant blood loss, with stigmata of recent bleeding. We opted to manage this lesion with methods previously used for treatment of vascular ectasies [3]. However, in order to be cautious and prevent the risk of deep thermal injury we previously lifted the area with diluted epinephrine, which could also help in bleeding haemostasis [4, 5].

References

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