Argon plasma coagulation for hemostasis in patients with gastric antral vascular ectasia (GAVE)

Record Status
This is a bibliographic record of a published health technology assessment. No evaluation of the quality of this assessment has been made for the HTA database.

Citation

Authors’ conclusions
Gastric antral vascular ectasia (GAVE) is a relatively rare condition affecting the stomach that is associated with chronic, recurrent upper gastrointestinal (GI) bleeding; it accounts for up to 4% of all nonvariceal upper GI bleeds. While GAVE occurs most frequently in patients with cirrhosis and portal hypertension, it is also found in patients with other disorders. GAVE affects the gastric antrum and is characterized by a typical endoscopic pattern showing red stripes (striped GAVE or watermelon stomach), or scattered spots (diffuse GAVE or honeycomb stomach). Clinically, patients with this disorder often present with chronic anemia and occult blood loss while others show signs of acute bleeding such as hematemesis or melena or are asymptomatic. GAVE-associated bleeding leads to significant morbidity and transfusion dependence in some patients. Treatment for the disease ranges from supportive medical therapy, to endoscopy to antrectomy (surgical removal of the stomach). Endoscopic treatments include sclerotherapy and band ligation, as well as ablation by direct contact (bipolar electrocautery, thermal coagulation with a heater probe or cryotherapy), and ablation by noncontact techniques including laser photocoagulation and argon plasma coagulation (APC).

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