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Clinical Image
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A Rare Endoscopic Image of an Esophageal Angiodysplasia

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Clinical Image

We report a 69-year-old man with a medical history of Myasthenia Gravis diagnosed 10 years before and treated with pyridostigmine who was admitted to the hospital due to microcytic anemia and hyponatremia in a routine blood test. The laboratory values revealed microcytic anemia (Hct: 20.40%, Hb: 6.30 g/dl, MCV: 75.30 fl, MCH: 23.20 pg, MCHC: 30.90 g/dl) and hyponatremia (Na: 121 mmol/l). During the investigation, an esophagogastroduodenoscopy was performed and revealed an esophageal angiodysplasia (Figure 1). The angiodysplasia was treated endoscopically by Argon Plasma Coagulation (APC).

Gastrointestinal angiodysplasia or angioectasia is a vascular malformation composed of dilated and tortuous arterial or venous capillaries, usually located in the mucosal and submucosal layers of the gastrointestinal tract [1]. Although, nearly all cases of gastrointestinal angiodysplasia are asymptomatic and it is found incidentally during an endoscopic examination, it has been reported that gastrointestinal angiodysplasia is responsible for 4% to 7% cases of nonvariceal upper gastrointestinal bleeding [1]. Intestinal angioectasias are culprit lesions in up to 5% to 6% of gastrointestinal bleeding cases and are the most common source of bleeding from the small intestine in patients older than 50 to 60 years [2]. The prevalence of colonic angiodysplasia in healthy asymptomatic individuals is 0.83%, but the prevalence in the upper gastrointestinal tract has not been determined [1]. Endoscopic ablation of these lesions using bipolar cautery or argon plasma coagulation is a standard therapy to prevent bleeding recurrence [2].

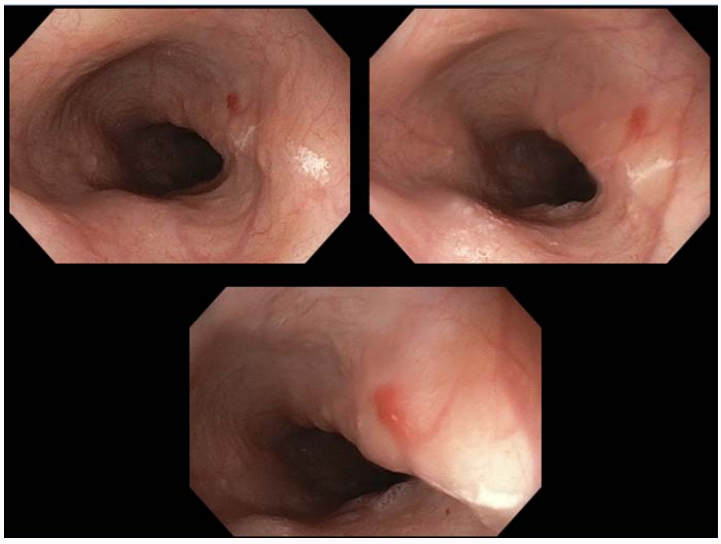

Figure 1: Esophageal angiodysplasia.

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