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*with International Participation***

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### ABSTRACTS - SAŽETCI

#### GAVE SYNDROME IN PATIENT WITH AUTOIMMUNE LIVER CIRRHOSIS- RARE, BUT RELEVANT POSSIBILITY

*Vladimir Avramoski, Meri Trajkovska & Fani Lichovska-Josifovic  
University Clinic of Gastroenterology, Skopje, Republic of Macedonia*

**Background and aims:** Gastric antral vascular ectasia (GAVE) syndrome, also known as watermelon stomach, is a rare but significant cause of about 4% of non-variceal upper GI haemorrhage. It is characterized with dilated small blood vessels in the antrum, or the last part of the stomach, clinically presented as chronic iron-deficiency anemia. Although it is associated with heterogeneous medical conditions, including hepatic, renal, and cardiac diseases, the pathogenesis is still unknown. The diagnosis is based on endoscopy and, for uncertain cases, on histology. GAVE is characterized by a pathognomonic endoscopic pattern, represented by red spots either organized in stripes radially departing from pylorus, or arranged in a diffused-way. The histological pattern, although not pathognomonic, is characterized by four alterations: vascular ectasia of mucosal capillaries, focal thrombosis, spindle cell proliferation and fibrohyalinosis.

**Methods:** A woman, age 56 years, with an autoimmune liver cirrhosis, with PH, esophageal varices, hypersplenism, type 2 diabetes mellitus and osteoporosis, presented at our institution, with iron deficiency anemia, but without signs of visible upper gastrointestinal bleeding. Upper GI endoscopy and APC were performed in the diagnosis and treatment of the gastric antral vascular ectasia.

**Results:** Laboratory findings showed: HGB 54 g/L; SE 47 mm/1h; Er 2.8 x 10<sup>12</sup>/L; MCV 65 fL; HCT 0.18; PLT 42 x 10<sup>9</sup>, Le 2.7 x 10<sup>9</sup>; sFe 2.9 µmol/L; TIBC 66.9 µmol/L. Gastroscopy revealed esophageal varices and showed signs of watermelon stomach, so the patient was treated with endoscopic APC. Furthermore, medical treatment included: Carvedilol, Spironolactone, iron supplements, Budenoside and insuline. After 5 months, laboratory findings showed: HGB 153 g/L; Er 4.55 x 10<sup>12</sup>/L; MCV 96.8 fL; HCT 44; PLT 33 x 10<sup>9</sup>; Le 5.1 x 10<sup>9</sup>; sFe 21.6 µmol/L; TIBC 66.9 µmol/L.

**Conclusion:** The treatment with APC, has shown to be effective and should be considered the first-line treatment for patients with GAVE.

**Keywords:** GAVE - GI bleeding - watermelon stomach - APC