

## A Rare Endoscopic Image of An Esophageal Angiodysplasia

Sotiropoulos C Theocharis G\*, Georgios Theocharis

Department of Gastroenterology-Hepatology University General Hospital of Patras “Holy Mary the Help”, Patra, Greece.

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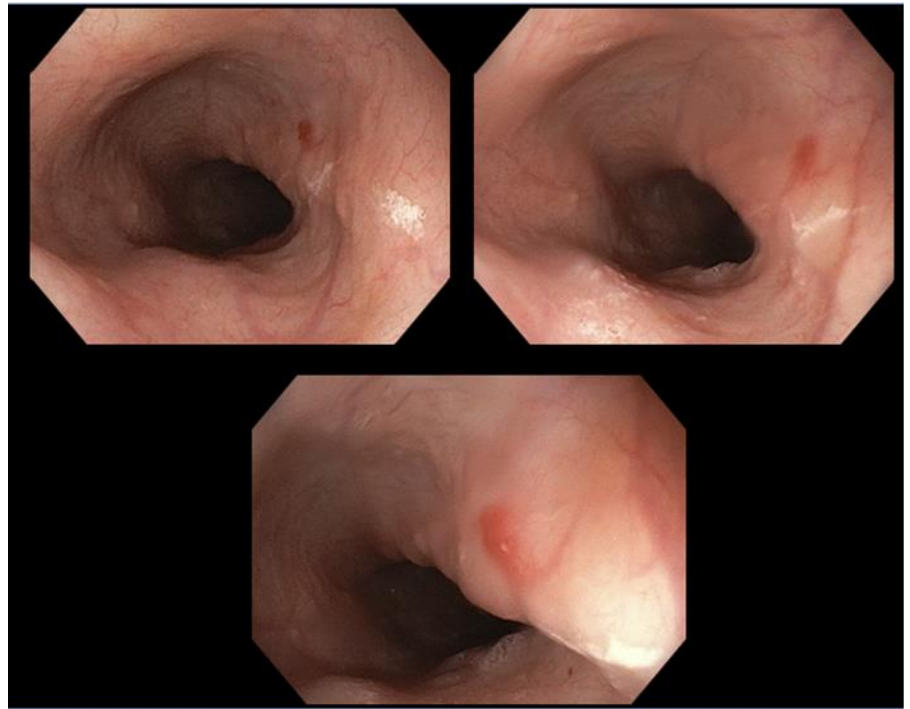
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**\*Corresponding author:** Sotiropoulos C, Theocharis G, Department of Gastroenterology-Hepatology University General Hospital of Patras “Holy Mary the Help”, Patra, Greece.

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**Figure 1.** Esophageal angiodysplasia.

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 4-7% cases of nonvariceal upper gastrointestinal bleeding [1]. Intestinal angioectasias are culprit lesions in up to 5%-6% of gastrointestinal bleeding cases and are the most common source of bleeding from the small intestine in patients older than 50-60 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].

### Declarations

#### Ethics approval and consent to participate



All procedures performed in this case report were in accordance with all the ethical standards and an informed consent was obtained from the patient included in this case report. This study did not violate any national or international laws on human, animal and environmental rights.

### Consent for publication

An informed consent for publication was given to the patient included in this case report. All authors of this paper have read and approved the final version submitted. We confirm in this statement that written consent to publish this information was obtained from study participants.

### Availability of data and material

The data that support the findings of this case report are available on request from the corresponding author. The data are not publicly available due to restrictions (their containing information that could compromise the privacy of research participants).

### Competing interests

The authors declare that no competing interests exist.

### Funding

No funding was received for this work.

### Authors' contributions

CS and GT confirm sole responsibility for the following: study conception and design, data collection, analysis and manuscript preparation. All authors of this manuscript have directly participated in the planning, execution, or analysis of this study and are the only ones responsible for the originality of the scientific content of the manuscript. Finally, all authors have read and approved the manuscript.

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### Conflict of interest

Nothing to declare.

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