

Gastric Antral Vascular Ectasia

Gastroenterology Patient Information

Gastric Antral Vascular Ectasia (GAVE) is a rare condition affecting the stomach, in which abnormal tiny blood vessels become prone to bleeding. It may also be called 'watermelon stomach' due to the striped appearance of the stomach lining.

Symptoms of GAVE

People may not notice symptoms, but they can lose blood over a long period of time. This results in iron deficiency anaemia (a shortage of iron and a low blood count). It can occasionally result in significant bleeding within the gut, in the form of vomiting blood, or passing black or bloody stools. Some people may require iron supplements or blood transfusions.

Causes of GAVE

The cause of GAVE is unknown. It is more common in older people, and usually affects women more frequently than men. It can be associated with long-term conditions including liver, kidney and heart disease, connective tissue diseases and other autoimmune conditions. The treatment of GAVE can be helped by managing these underlying conditions.

Diagnosis of GAVE

GAVE is diagnosed using a gastroscopy; when a thin flexible tube containing a camera is passed through the nose or mouth to examine the stomach lining. The diagnosis is often made by viewing the typical 'watermelon' pattern within the stomach or by taking tissue samples (biopsies), which are examined under a microscope.

Treatment of GAVE

Many people do not need any treatment. Some people are given medications to reduce bleeding, or are advised to stop blood-thinning medication. Occasionally iron supplements or blood transfusions are needed.

When further treatment is needed, GAVE is most commonly treated during gastroscopy. The two main procedures available are Argon Plasma Coagulation (APC) and Endoscopic Band Ligation (EBL). The Gastroenterology Team will discuss which treatment is most appropriate. Surgery is rarely needed.

In APC, an electrical current passes through a jet of argon gas to treat bleeding areas. This is painless, and affects only the very surface of the stomach. In EBL, small rubber bands are placed in areas with abnormal blood vessels, leading to scarring which reduces bleeding. Sometimes there is a little discomfort for a few days after treatment, but effects can be longer lasting than APC. Both procedures take five to ten minutes and often successfully treat GAVE. Some people may later need further gastroscopies to control bleeding.

Both techniques are safe, and complications are rare and mostly mild. Patients may notice a sore throat or feel wind in the stomach, but this will settle after a few days. Side-effects such as bleeding, infection or perforation (a tear or hole) are very rare. Treatment is only undertaken when the benefits outweigh the risks.

If you have any questions or concerns, please contact your GP, or our team:

Endoscopy administrative team **01225 824069**

Endoscopy nursing team **01225 821788 or 01225 821425**

Gastroenterology team secretaries via email on **ruh-tr.gastrosecs@nhs.net** or via the RUH switchboard on **01225 428331**

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Please contact the Patient Advice and Liaison Service (PALS) if you require this leaflet in a different format, or would like to feed back your experience of the hospital. Email ruh-tr.pals@nhs.net or telephone 01225 825656/ 826319.