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## Image Article

# 'Watermelon stomach' Associated With Limited Systemic Sclerosis

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### **Clinical Image**

Gastric Antral Vascular Ectasia (GAVE) is a rare but clinically important cause of chronic gastrointestinal bleeding [1-4]. It can be associated with a lot of systemic illnesses (cirrhosis, renal failure) including autoimmune diseases like limited systemic sclerosis [2,3]. Visible columns of red and ectatic vessels along the longitudinal folds of the antrum seen on endoscopy are pathognomonic for GAVE, also described as 'watermelon stomach'. This is a case of GAVE associated with limited systemic sclerosis in a 78-year-old woman.

Due to iron deficiency anemia and melanotic stools, she initially underwent Endoscopy and Colonoscopy which were negative for any abnormal findings. Pill capsule enteroscopy was performed after which showed moderate GAVE ("watermelon stomach") (Figures 1-3) which was coagulated for hemostasis using an argon beam, which was successful.

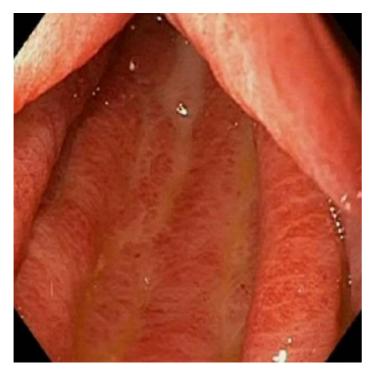
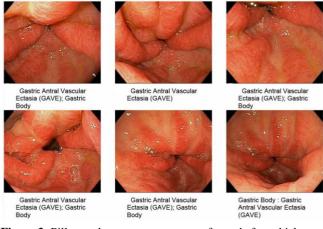


Figure 1: Clinical cause of chronic gastrointestinal bleeding.



Figure 2: Abnormal findings of endoscopy and colonoscopy.



**Figure 3:** Pill capsule enteroscopy was performed after which showed moderate GAVE.

#### References

- Shibukawa G, Irisawa A, Sakamoto N, Takagi T, Wakatsuki T, et al. (2007) Gastric Antral Vascular Ectasia (GAVE) associated with systemic sclerosis: Relapse after endoscopic treatment by argon plasma coagulation. Intern Med 46: 279-283.
- 2 Selinger CP, Ang YS (2008) Gastric Antral Vascular Ectasia (GAVE): An update on clinical presentation, pathophysiology and treatment. Digestion 77:131-137.
- 3. Alam L, Usmani A (2021) Successful treatment of refractory Gastric Antral Vascular Ectasia (GAVE) in a cirrhotic patient with transcatheter arterial embolisation in a tertiary care facility in Pakistan: A case report. J Pak Med Assoc 71: 1263-1265.
- 4. Magee C, Lipman G, Alzoubaidi D, Everson M, Sweis R, et al. Radiofrequency ablation for patients with refractory symptomatic anaemia secondary to gastric antral vascular ectasia. United Eur Gastroenterol J 7: 217-224.

