

Clinical summary

The following is a synopsis of a published clinical study.

Title	Radiofrequency Ablation for Refractory Gastric Antral Vascular Ectasia
Author	Tim McGorisk, Kumar Krishnan, Laurie Keefer, and Srinadh Komanduri
Journal	Gastrointestinal Endoscopy
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BACKGROUND

Gastric antral vascular ectasia (GAVE) is a cause of upper gastrointestinal bleeding and chronic iron-deficiency anemia which can lead to long-term dependence on blood transfusions. APC coagulation therapy has become the most common endoscopic treatment for GAVE, however, some patients may remain transfusion dependent following treatment. In this open-label, prospective study the efficacy of radiofrequency ablation (RFA) in patients remaining transfusion dependent and chronically anemic following APC treatment was evaluated.

STUDY DESIGN

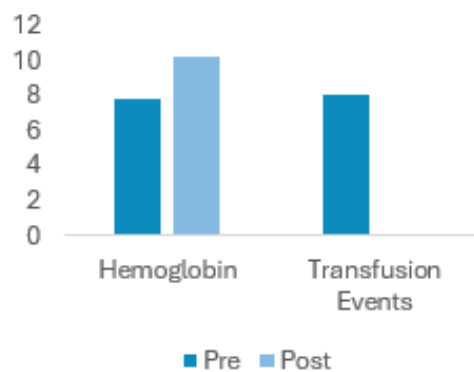
A total of 21 patients received a median of 2 (range 1-3) RFA sessions 4-6 weeks apart. Over the course of the study, it was determined that 2 RFA pulses per location was sufficient for effective coagulation with no adverse effects.

KEY RESULTS

Technical success, defined as feasibility of therapy and complete endoscopic ablation of visible GAVE, was achieved in 19 patients (90%). Clinical success, defined as complete independence from the need for transfusions and negative endoscopy in the 6 month follow up period, was achieved in 18 patients (86%). Patients reported an increase in average hemoglobin of 7.8 to 10.2 ($p=0.0$) and a decrease in the mean number of transfusion events from 8.1 to 0 ($p=0.0$) following RFA therapy.

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Outcomes Following RFA Treatment



CONCLUSIONS

Results demonstrate that RFA treatment of GAVE is safe and effective.