Competing interests None.

Keywords APC, bleeding, cirrhosis, GAVE.

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**ARGON PLASMA COAGULATION IS AN EFFECTIVE
TREATMENT IN CIRRHOSIS- RELATED GASTRIC
ANTRAL VASCULAR ECTASIAS**

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Introduction Gastric antral vascular ectasias (GAVE) represent an uncommon cause of upper GI bleeding (UGIB). There is an association with liver cirrhosis and portal hypertension in 30% of the patients, and account for 4% of non-variceal UGIB. GAVE and severe portal hypertensive gastropathy (PHG) are distinctive entities. Treatments aiming to lower portal pressure are usually ineffective to treat cirrhosis-related GAVE. Although thermal ablation techniques are effective in non-cirrhotic GAVE, there is limited data on the value of Argon plasma coagulation (APC) in the treatment of cirrhosis-related GAVE.

Aim To evaluate the efficacy and safety of APC treatment in cirrhotic patients with UGIB due to GAVE.

Methods Cirrhotic patients were retrospectively included in this study over a 10-year period, if they presented with overt or occult bleeding related to GAVE and treated with APC. Success was defined as; control of bleeding, stabilisation of Hb over 100 g/dl, or Hb increase >10% from pretreatment level, and reduction of transfusion requirements >50% in transfusion-dependent patients.

Results 20 cirrhotic patients with GAVE (Group A) treated with APC, (flow 2 l/min, power 45–65 W) were identified and compared with a randomly selected group of 10 non-cirrhotic GAVE patients (Group B). Overall patients' demographics were; M/F 17/13, mean age 71, 13 years. The two groups presented with overt bleeding (60% vs 40%), occult bleeding (40% vs 60%) whereas transfusion was required in (60% vs 80%) in group A and B respectively. Overall endoscopic treatment with APC was successful in 86.6% (85% vs 90% NS) in Groups A and B respectively. The mean number of APC sessions required between the two groups (A vs B) was 3.88 versus 3.5 (NS) median: 2 versus 2. No adverse effects from APC therapy were recorded in any of the patients despite the presence of significant coagulopathy in the majority of the cirrhotic patients.

Conclusion APC proved effective and safe in the treatment of cirrhosis-related GAVE UGIB. Treatment success was not compromised by disease severity or coagulation status. This data suggests that APC should be considered as the treatment of choice in cirrhosis-related GAVE.