Images in Clinical Rheumatology

Upper Gastrointestinal Bleeding (Watermelon Stomach) in a Patient With Limited Scleroderma (CREST Syndrome)†

Hemorragia digestiva alta (estómago de sandía) en paciente con escleroderma limitada (síndrome de CREST)

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A R T I C L E  I N F O

Article history:
Received 16 January 2016
Accepted 26 May 2016
Available online 13 July 2017

The patient was a 52-year-old man with a 20-year history of limited scleroderma, as well as antiphospholipid syndrome. He was positive for antinuclear antibodies (1:2560), with a centromere pattern, and for lupus anticoagulant, and was receiving oral anticoagulants due to thrombosis in a lower limb.

He was admitted to the hospital with an episode of blood in stool and evidence of anemia. Endoscopic study revealed vascular-like lesions in antrum converging as they neared the pylorus, compatible with watermelon stomach1-2 (Fig. 1). In the presence of active bleeding, he was treated with argon plasma coagulation1 (Fig. 2).

Gastric antral vascular ectasia (GAVE) is a rare, but serious, cause of upper gastrointestinal bleeding (4% of all gastric hemorrhages). The endoscopic findings are characteristic: linear images, oriented radially and converging on the pylorus (watermelon stomach1-4).

This condition is associated with underlying chronic diseases, mostly with liver cirrhosis. In autoimmune diseases, it is related to the presence of Raynaud’s phenomenon, and is the form most widely reported of the limited subtype of scleroderma (calcinosis, Raynaud’s phenomenon, esophageal dysmotility, sclerodactyly, telangiectasia [CREST syndrome]).5-6 The largest series of patients with GAVE includes 45 individuals, 62% of whom also had a connective tissue disease, predominantly with Raynaud’s phenomenon (31%) and sclerodactyly (20%).7

† Please cite this article as: Turrión Nieves AI, Moruno Cruz H, Romero Bogado MI, Perez Gómez A. Hemorragia digestiva alta (estómago watermelon) en paciente con escleroderma limitada (síndrome de CREST). Reumatol Clin. 2017;13:361–362.
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Right to privacy and informed consent. The authors declare that no patient data appear in this article.

Conflicts of Interest

The authors declare they have no conflicts of interest.

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