

**ARE ENDOSCOPIC FINDINGS IN THE STOMACH AND DUODENUM PREDICTIVE
OF FINDINGS IN THE JEJUNUM IN PATIENTS WITH HEREDITARY
HEMORRHAGIC TELANGIECTASIA?**

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Background: 25-30% of patients with HHT will have gastrointestinal bleeding from telangiectases or arteriovenous malformations (AVMs) in the stomach, duodenum or colon. We designed a study to investigate whether or not the presence, as well as the number and size, of AVMs in the stomach and duodenum predicted their presence, number and/or size in the jejunum using video enteroscopy.

Methods: 20 adult patients with definite HHT as defined by the Curacao Criteria, who had known AVMs in their stomach or duodenum, underwent an enteroscopy in the standard fashion. The presence, number and size of the AVMs were recorded in the esophagus, proximal and distal stomach, 4 parts of the duodenum, and every 20 cm to the mid-jejunum.

Results: There were 20 patients with an age range of 33-76 years and an average age of 59.5 years. There were 14 females and 6 males. Epistaxis was present in 100% patients. PAVMs were present in 60% patients.

1. 95% patients who had AVMs in their stomach and duodenum also had AVMs in the first 60 cm of their jejunum.
2. 70% patients had > 2 fold difference in the total number of AVMs between their stomach/duodenum and down into their mid-jejunum.
3. 45% of patients had no correlation between the size of the AVMs between their stomach/duodenum and down into their mid-jejunum.

Conclusions:

1. Almost all patients-19/20 in our study-who have AVMs within visual reach of a standard EGD will also have AVMs more distally in their visualized jejunum.
2. Therefore, gastroenterologists attempting local ablation control should appreciate that AVMs also involve the small intestine which may not be treatable by local therapy.
3. This in an ongoing study, but our current recommendation is that all patients with AVMs in their stomach or duodenum should undergo an enteroscopy to visualize the more distal portions of their small intestine.