

**A CASE SERIES: THE DIAGNOSIS OF GASTROINTESTINAL BLEEDING AND
RESPONSE TO MEDICAL MANAGEMENT IN PATIENTS WITH HEREDITARY
HEMORRHAGIC TELANGIECTASIA**

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Objective: The purpose of this case series is to report our experience with treating gastrointestinal bleeding in patients with HHT.

Methods: Consecutive patients with gastrointestinal bleeding referred to the Yale University Vascular Malformation Center underwent clinical evaluation and endoscopy. Hemoglobin and blood transfusion requirements for 1 year before and after evaluation were documented. Patients with a mean hemoglobin ≤ 8 mg/dl or blood transfusion requirements ≥ 12 units PRBC/year were defined as patients with severe bleeding. Drug therapies, including ethinyl estradiol/norethindrone, danazol, and aminocaproic acid, were prescribed on an individual patient basis.

Results: The study included 43 HHT patients with a mean age of 57 years. Endoscopy revealed telangiectases in the esophagus (1/41), stomach (33/41), duodenum (33/41), jejunum (5/9) and colon (10/32). Patients with >20 telangiectases visualized on EGD had significantly lower mean hemoglobin of 7.9 compared with 9.4 ($p=0.007$), and a trend towards higher blood transfusion requirements. Non-HHT related causes of gastrointestinal bleeding were diagnosed in 4 patients. During a mean follow up of 18.9 months, the group of 40 patients with HHT related bleeding had improvements in their mean hemoglobin and blood transfusion requirements.

Conclusions: Individual HHT patients with gastrointestinal bleeding improve on drug therapies, as well as fail. There is a trend toward more severe bleeding in patients with a greater number of telangiectases.