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Summary

HEREDITARY HEMORRHAGIC TELANGIECTASIA AND ITS CHALLENGES FOR GASTROENTEROLOGISTS – A CASE REPORT

Luís Maia

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Hepatobiliary

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A 64-year-old man with type-2 hereditary hemorrhagic telangiectasia and refractory gastrointestinal bleeding complicated by portal hypertension from hepatic arteriovenous shunts showed clinical improvement after off-label bevacizumab therapy.

KEY POINTS

- The patient presented with chronic anemia, epistaxis, melenas, and duodenal telangiectasias refractory to argon plasma coagulation, requiring frequent transfusions and IV iron supplementation despite tranexamic acid and octreotide 20mg IV LAR.
- New-onset ascites with SAAG of 1.9 indicated portal hypertension, and CT-angiography revealed multiple diffuse intrahepatic arteriovenous shunts; echocardiogram showed signs suggestive of pulmonary hypertension.
- Bevacizumab at 10mg/kg every two weeks was initiated after multidisciplinary discussion, and at four months (7 injections) the patient reported no melena or detectable ascites with hemoglobin improved to 11.0 g/dL and no inpatient care required.
- Bevacizumab is an off-label therapy for HHT, used in difficult-to-treat cases with refractory severe gastrointestinal bleeding and complicated hepatic arteriovenous malformations.
- The case illustrates gastroenterological complications of HHT and the potential role of bevacizumab, with multidisciplinary team care considered essential for disease management.

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