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Angiodysplasia: current concepts

Sir,

Professor Hemingway should be congratulated on her excellent review of angiodysplasia.¹ Reference is made to the possible aetiological role of aortic valvular stenosis in this condition. The incidence of this association is said to be between 15 and 25% in cases of angiodysplasia.²

In her review of the treatment options Professor Hemingway fails to mention aortic valve replacement. This has been shown to stem recurrent intestinal haemorrhage which in the long term would otherwise have necessitated segmental bowel resection. Colonoscopic evidence of angiodysplasia regression has also been reported following aortic valve replacement.² Local electrocoagulation or photocoagulation may be necessary prior to aortic surgery since perioperative heparinization is essential. However, since the introduction of biosynthetic valves long term anticoagulation is not necessary.

I suggest that in patients with significant aortic stenosis and associated angiodysplasia the primary treatment of

choice is valve replacement. Why perform two operations when one may cure both problems?

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