

Endoscopic exams



WHAT IS RECOMMENDED

- Endoscopic exams should be undertaken in HHT patients with either anemia disproportionate to epistaxis or with signs of digestive bleeding or both.
- Endoscopic examinations in HHT patients with either known PAVMs (either treated or untreated) or with unknown PAVM status should be preceded by antibiotic prophylaxis.
- Appropriate sedation is advised for endoscopic examinations in HHT patients (as it is in general population).
- Nasal care (ointments), adequate sedation or general anesthesia with orotracheal intubation are to be evaluated particularly if a therapeutic upper digestive endoscopy is foreseen.
- HHT patients with SMAD4 mutation carry a significant risk for digestive cancers and insofar need appropriate periodical endoscopic surveillance.
- HHT patients should undergo organized screening programmes for colorectal cancer (in general for 50 year olds and older), according to national guidelines.
- Alarm symptoms or signs (for example weight loss or modified stool evacuation) should prompt endoscopic examination in HHT patients all the same as in the general population.



WHAT YOU SHOULD NOT DO

- Systematic GI screening: The ERN experts advise against GI endoscopic investigations in HHT patients with either no evidence of anemia or anemia proportionate to (or sufficiently explained by) epistaxis.
- Trans-nasal endoscopy should not be used in HHT patients.