

# Anticoagulation Doesn't Foul Capsule Endoscopy

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LOS ANGELES — The rate of small-bowel findings on capsule endoscopy was the same whether or not patients were on anticoagulation or antiplatelet therapy, results from a single-center study showed.

The findings are important because many patients who undergo capsule endoscopy are on anticoagulation and/or an-

tiplatelet agents, and "the findings and yield in these patients compared to others is not well documented," a team of researchers from the University of Illinois Medical Center at Chicago wrote in a poster presented at the annual Digestive Disease Week.

They studied 196 patients referred to the medical center for capsule endoscopy between April 2004 and March 2006. Of the 196 patients, 26 (13%) had gastric bleeding as shown on capsule endoscopy. Of these

26 patients, 17 (65%) had the following gastric lesions: 8 had gastropathy, 7 had erosions, 1 had an ulcer, and 1 had an arteriovenous malformation (AVM).

In addition, 18 patients (69%) had either no small-bowel lesion or a single, small, nonbleeding AVM. This suggests that the gastric site was the primary cause of the bleeding.

No significant difference was seen in the prevalence of gastric blood in patients using antiplatelet or anticoagulation agents,

compared with those who were not using these drugs (11% vs. 15%, respectively). Also, the prevalence of small-bowel lesions was similar in these two groups, regardless of the combination of agents used.

The researchers did note a significantly higher frequency of gastric bleeding in patients who underwent capsule endoscopy between April 2004 and March 2006, compared with those who underwent the procedure between April 2002 and March 2004 (20% vs. 5%, respectively). ■

## Diabetes, CAD Tied to Increased Colorectal Cancer

LOS ANGELES — The risk of developing colorectal adenomas is increased both in women with diabetes and individuals with coronary artery disease, according to two studies presented at the annual Digestive Disease Week.

Dr. Jill E. Elwing of Washington University in St. Louis and her colleagues selected 100 women with type 2 diabetes and 500 nondiabetic women to undergo screening colonoscopy at an outpatient endoscopy center.

A total of 37% of diabetic women had any type of adenoma, compared with 24% of nondiabetics, and 14% of diabetic women had an advanced adenoma, compared with 6% of nondiabetic women. These differences between groups were statistically significant.

Obesity compounded the risk for diabetic women, Dr. Elwing reported. A total of 42% of obese diabetic women had any adenoma, compared with 23% of the nonobese, nondiabetic women.

With confirmation of these findings, professional societies should consider incorporating diabetes as a risk factor in screening guidelines for colorectal disease, Dr. Elwing said.

A separate study looking at risk factors for developing colorectal cancer found that patients with coronary artery disease (CAD) are at greater risk for developing colorectal adenomas or colorectal cancer than are patients without CAD.

These findings suggest that patients with CAD should be screened using colonoscopy, recommended the study's lead author, Dr. Annie On On Chan of the University of Hong Kong.

The researchers recruited 307 patients who had a coronary angiogram, underwent screening colonoscopy, and completed a questionnaire on risk factors.

Interim results show that about 46% of the study subjects had CAD. The patients with CAD had a higher incidence of adenomas and cancer than did those without CAD (30% vs. 19%). Nearly 17% of the CAD population had advanced lesions, compared with less than 7% of the patients without CAD. The researchers found five cases of colorectal cancer among the CAD patients but none among those without CAD, Dr. Chan said.

—Mary Ellen Schneider



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† As with all studies of this type, results may be attributable to various factors. ARICEPT treatment was one such factor.

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