

Capsule Endoscopy Points to Source of Bleeding

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LOS ANGELES — Capsule endoscopy is so proficient in diagnosing the source of obscure intestinal bleeding it should be considered the first-line option following negative bidirectional endoscopy, the authors of a German study asserted in a presentation at Digestive Disease Week.

Dr. Jörg G. Albert and associates at Martin-Luther-University Hospitals and Clinics

in Halle, Germany, reported on 293 capsule endoscopy results in 285 patients seen at five study centers between 2001 and 2004.

Capsule endoscopy identified a bleeding source in 224 patients (76.5%) who had previously undergone bidirectional endoscopies that produced inconclusive results. The data showed that capsule endoscopy was diagnostic in 177 (79%) of these patients, and a repeat capsule endoscopy or additional testing was diagnostic in another 47 patients (21%).

In 142 cases, therapeutic measures were initiated based on capsule endoscopy findings. In these cases, the treatments selected were medical therapy in 46%, an endoscopic procedure in 31%, and surgery in 23%. Capsules were retained in four patients, three of whom required surgery to remove the device, which is swallowed by the patient and transmits images from within the digestive tract.

The most common diagnosis was angiodysplasia, in 40% of patients. Other rel-

atively common diagnoses included bleeding ulcers in 9%, NSAID enteropathy in 6%, suspected malignant tumors in 3%, and Crohn's disease, Meckel's diverticulum, and bleeding diverticulum in 2% of cases each.

No source of bleeding was found in 24% of patients, and these patients experienced half the rate of bleeding recurrences, compared with the group as a whole.

Dr. Albert reported no conflicts of interest. ■

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