PWE-103: Capsule endoscopy in suspected GI bleeding- Is it worth repeating a negative study?

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This presenter has the following declarations of relationship with industry: NONE

Introduction

The most common indications for capsule endoscopy (CE) are iron deficiency anaemia (IDA) and occult gastrointestinal bleeding (OGIB). This study aims to assess the diagnostic yield (DY) of repeat CE in those with ongoing clinical concern.

Methods

Patients who underwent ≥2 CEs for IDA/OGIB between 2005 and 2017 were identified and data extracted.

Results

85 patients underwent repeat CE; median age 65.8 (11.5-89.8) years; 42F/55M. Median interval between procedures was 463 (1-3066) days. 14 having repeat CE as their initial CE was retained/ incomplete were excluded. Initial CE findings were; normal (22), vascular lesions/bleeding (26), small bowel inflammation (5), nonspecific findings of unclear significance (6), non-SB findings (5) and others (8); including polyps, portal hypertensive enteropathy (PHE), coeliac disease, small bowel (SB) varices and SB lymphoma.

A 3rd CE for IDA/OGIB

10 patients underwent a 3rd CE. 7/10 patients with concordant initial CEs had a DY of 0% (0/7) on repeat. Where the initial CEs disagreed, DY was 66.7% (2/3).

Conclusion

• Patients with a negative or inconclusive initial CE for IDA or OGIB had an overall DY of 25% (7/28) on repeat CE.
• DY is highest when fresh blood (even without an identified causative lesion) was seen in the initial CE (71.4%).
• Patients with a normal first study had a lower DY on repeat (22.7%).
• 3rd CE is only warranted by a change in presentation or discordance in the previous results, especially when one examination has identified active bleeding.

References