Introduction

In 2014 our centre reported a high diagnostic yield (DY) for capsule endoscopy (CE) in octogenarians. Despite this, sinister lesions were rare and few changes were made to management. This study seeks to establish if this still holds true.

Methods

A prospectively-maintained CE database of patients who underwent CE from 2005-2017 was interrogated for patients >80 years old. Data were extracted on CE indications, findings and outcomes. The capsule examination was considered to have DY if findings accounted for the patient’s presentation.

Results

164 CEs performed in 150 patients ≥80 years, mean age 84.1 (80.0-96.2) years; 99F/65M. 23 later excluded due to incomplete data.

5 died of unrelated pathologies over the study period. Overall DY of CE was 75/141 (53.2%)—see figure 2. 10 (7.1%) had possible small bowel masses seen on CE; 5 were not followed up due to frailty and a presence of alternative causes IDA/OGIB (e.g. significant gastritis). 2 underwent enteroscopy with no lesion identified. 1 patient was felt likely to have inflammatory bowel disease and treated. 1 patient had repeat CE with similar benign appearances and discharged.

Only 1 patient had a suspicious-looking obstructive and bleeding lesion; he returned to Australia and underwent follow-up there.

CE in nonagenarians

Of the total there were 7 patients ≥90 years old. All underwent CE for OGIB/IDA.

- 3 patients had angioectasia with active bleeding; 2 were treated with APC and 1 managed conservatively.
- 1 patient had small duodenal angioectasia.
- 2 had normal small bowel (gastric ulcers/gastritis were the likely cause of blood loss).
- 1 oesophageal retention with no further CE.

Conclusion

In the ≥80 years age group 90% (145/162) were referred with IDA/OGIB; with a DY 53.2%. Angioectasia were the main significant findings. Despite frequent identification of a GI source of blood loss there was rarely a change to management required, advisable or possible based on the CE result.

References


Figure 1: Indications for CE in those ≥80 years.

Figure 2: Findings on CE in those ≥80 years.