The Role of Capsule Endoscopy in the Patients with OGIB after Negative CT Enterography

Hyun Mi Heo, Sung Pil Hong, Soung Min Jeon, Jin Ha Lee, Jae Hee Cheon, Tae Il Kim, Won Ho Kim
Department of Internal Medicine and Institute of Gastroenterology, Yonsei University College of Medicine, Seoul, Korea

Aim: Recently computed tomography (CT) enterography has been introduced to evaluate obscure gastrointestinal bleeding (OGIB). However, the meaning of negative CT enterography in patients with OGIB has not been fully elucidated. In the present study, we evaluate the role of capsule endoscopy (CE) in OGIB patients with negative CT enterography.

Methods: From January 2008 to September 2010, 30 patients, who received CE after negative CT enterography to evaluate OGIB were enrolled in the present study. The patients had undergone esophagogastroduodenoscopy and colonoscopy before CT enterography and showed negative results. The clinical data were reviewed retrospectively. The median age of enrolled patients was 56.2 years and male was 60% and female was 40%. The median follow-up duration was 4.75 months. Overt gastrointestinal bleeding was 56.7% and obscure gastrointestinal bleeding was 43.3%.

Results: CE made a definitive diagnosis in 17 of 30 patients (56.7%): eight ulcers in small bowel, six hemorrhagic erosions in jejunum and ileum, two angiodysplasias in jejunum and ileum and one dieulafoy’s lesion in jejunum. Two patients with jejunal ulcers were diagnosed as Crohn’s disease. Among 17 patients with positive CE, 7 patients (41.2%) received double balloon enteroscopy (DBE) and 5 patients undergone definite hemostasis: three argon plasma coagulation (APC), one hemoclipping with APC and one epinephrine injection with hemoclipping and APC. There were two re-bleeding episodes during follow-up.

Conclusion: CE showed high diagnostic yields in patients with OGIB after negative CT enterography, CE might provide further treatment plan, such as DBE and lower re-bleeding rate in patients with OGIB after negative CT enterography.