Obscure Gastrointestinal Bleeding Update

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Introduction

Obscure gastrointestinal bleeding (OGIB) refers to gastrointestinal bleeding of unclear origin that persists or recurs after negative findings on esophagogastroduodenoscopy and colonoscopy. OGIB accounts for approximately 5% of all types of GI bleeding. More than 80% of OGIB cases originate in the small bowel. The ability to detect OGIB in the small bowel has been significantly advanced and revolutionized since the introduction of capsule endoscopy and double balloon enteroscopy techniques in 2000 and 2001, respectively. The European Society of Gastrointestinal Endoscopy (ESGE) issued updated guideline of small-bowel capsule endoscopy and device-assisted enteroscopy for diagnosis and treatment of small-bowel disorders in *Endoscopy* at April, 2015. In this manuscript, we have introduced updated guideline related to OGIB.

Updated Guideline

1. The first line test in OGIB

When compared to videocapsule endoscopy (VCE), pushed enteroscopy (PE) has lower diagnostic yield. Therefore, the ESGE recommends VCE as the first line test in patients with OGIB, due to higher diagnostic yield (DY) of VCE. Especially in patients with ongoing overt OGIB, the ESGE recommends consideration of the performance of emergency VCE.

2. Complementary test in OGIB

When VCE is unavailable or contraindicated, device assisted enteroscopy (DAE) may be the first diagnostic test in OGIB patients and should be performed as close as possible to the bleeding episode. In patients with ongoing overt OGIB, DAE may be as a possible first-line test given its ability to make a diagnosis and to perform therapy at the same time. In selected patients having overt OGIB or SB masses, computed tomography enterography/enteroclysis (CTE) may be a complementary examination to VCE.

3. Timing performing VCE

In order to maximize a higher DY, VCE should be performed as close as possible to the bleeding episode, op-
timally within 14 days.\textsuperscript{20-22}

4. **Second-look endoscopy prior to VCE**

Due to second-look endoscopy prior to VCE was not cost-effective and had low DY, the ESGE does not recommend the routine performance of second-look endoscopy prior to VCE.\textsuperscript{23-25} Only in patients with OGIB and IDA, second-look endoscopy should need.

5. **Management in negative VCE**

If patients with OGIB and a negative VCE who do not have ongoing bleeding manifested as overt bleeding or continued need for blood transfusions, the ESGE recommends to manage conservatively those patients since their prognosis is excellent and the risk of re-bleeding low.\textsuperscript{26,27}

6. **Management in positive VCE**

In patients with positive VCE, the ESGE recommends DAE as a possible therapeutic intervention to confirm and treat lesions identified by VCE.\textsuperscript{28}

**Conclusions**

It remains preferable to begin clinical evaluation of small bowel bleeding using CE rather than DBE under most circumstances. Various factors must be considered when deciding which technique to use, including the characteristics of each method, clinical factors such as the patient’s status and long-term outcomes, availability of the technology, and availability of the expertise required to perform the tests and interpret the results.

**References**