Capsule Endoscopy Urged For Obscure GI Bleeding

BY BETSY BATES
Los Angeles Bureau

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 relatively 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.

"We were able to follow-up 84% of patients for at least 12 months and a mean of 20 months," Dr. Albert said in an interview. "One of the main results was that a negative capsule endoscopy resulted in a low rate of recurrence of bleeding events and hospital admission." In contrast, angiodysplasia was associated with a 6.6-times elevated rate of relapse.

In all, 27% of patients reported a rebleeding episode, with 18% requiring readmission to the hospital and 15% requiring blood transfusions.

Strong predictors of recurrence included a diagnosis of angiodysplasia, use of anticoagulants, patient age older than 60 years, and prior bleeding events.

The investigators emphasized the usefulness of capsule endoscopy in their poster: "A specific change in management is implemented in about two-thirds of cases in whom capsule endoscopy establishes a diagnosis, and in half of all patients investigated, and it seems to influence outcome," they stated.

"Capsule endoscopy might therefore be regarded as the first-line diagnostic method in intestinal bleeding following negative bidirectional endoscopy."

Dr. Albert reported having no conflicts of interest. ■

Anticoagulation Doesn't Foul Capsule Endoscopy Findings

BY DOUG BRUNK
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LOS ANGELES — The rate of small-bowel findings on capsule endoscopy was the same whether or not patients were on anticoagulation or antiplatelet therapy, results from a single-center study showed.

The findings are important because many patients who undergo capsule endoscopy are on anticoagulation and/or antiplatelet agents, and "the findings and yield in these patients compared to others is not well documented," a team of researchers from the University of Illinois Medical Center at Chicago wrote in a poster presented at the annual Digestive Disease Week.

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DR. VARIA

They studied 196 patients referred to the medical center for capsule endoscopy between April 2004 and March 2006. They collected data on patients' use of aspirin, Plavix, or Coumadin, and both evidence of bleeding and types of lesions as shown in both gastric and small-bowel images.

Of the 196 patients, 26 (13%) had gastric bleeding as shown on capsule endoscopy. Of these 26 patients, 17 had the following gastric lesions: 8 had gastropathy, 7 had erosions, 1 had an ulcer, and 1 had an arteriovenous malformation (AVM). In addition, 18 patients (69%) had either no small-bowel lesion or a single, small, nonbleeding AVM. This suggests that the gastric site was the primary cause of the bleeding.

"We're noticing that lesions missed on the initial EGD [esophagogastroduodenoscopy] are found on capsule endoscopy," one of the study authors, Dr. Apurv Varia, said in an interview at the meeting. "If you see blood, then you should look for a lesion, because that might be the source of the bleeding if it was not found on the initial EGD."

No significant difference was seen in the prevalence of gastric blood in patients using antiplatelet or anticoagulation agents, compared with those who were not (11% vs. 15%, respectively). The prevalence of small-bowel lesions was similar in these two groups, regardless of the combination of agents used.

The researchers did note a significantly higher frequency of gastric bleeding in patients who underwent capsule endoscopy between April 2004 and March 2006, compared with those who underwent the procedure between April 2002 and March 2004 (20% vs. 5%, respectively).

"We anticipate that as capsule endoscopy is used earlier in the evaluation of obscure bleeding, gastric bleeding sources overlooked on routine endoscopy will be detected more frequently," they concluded in their poster. ■