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Summary

DIAGNOSTIC YIELD OF CAPSULE ENDOSCOPY IN PATIENTS WITH SUSPECTED SMALL BOWEL BLEEDING: A SINGLE-CENTRE RETROSPECTIVE STUDY

Fabiana Zingone

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A retrospective study of 1,057 capsule endoscopy procedures found comparable high diagnostic yields for overt and occult small bowel bleeding (77.1% vs. 75.2%), with older age and severe anemia predicting angiodysplasia and recent bleeding, while overt bleeding and low hemoglobin predicted ulcers.

KEY POINTS

- Capsule endoscopy demonstrated similar overall diagnostic yield in overt bleeding (310 cases, 77.1%) and occult bleeding (747 cases, 75.2%, p=0.520) in a single-centre cohort from 2018–2024.
- Small bowel ulcers were significantly more frequent in overt bleeding compared to occult bleeding (45.9% vs. 34.2%, p=0.023), while angiodysplasia and recent bleeding detection rates were similar between groups.
- Older age was strongly associated with angiodysplasia detection, with odds ratios increasing from 6.02 in patients aged 46–60 years to 13.62 in those over 80 years, compared to the 18–45 age group.
- Lower hemoglobin levels predicted both angiodysplasia (OR 2.90 for 7–10 g/dL, OR 2.17 for <7 g/dL) and ulcers (OR 2.40 and 2.60 respectively), while antiplatelet and anticoagulant therapy were associated with lower angiodysplasia risk.
- This study is relevant to gastroenterologists managing patients with suspected small bowel bleeding and considering risk stratification for capsule endoscopy.

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