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Summary

Blocked! To stretch or to cut: That is the question!

Georgios Kalopitas

UEG Postgraduate Teaching Programme Berlin 2025 | Presentation

Endoscopy | Radiology & Imaging | Small Intestine & Nutrition

October 4, 2025

The speaker presented endoscopic management of a retained capsule in a 43-year-old woman with multiple small bowel strictures, successfully retrieving the capsule via double balloon enteroscopy with balloon dilatation and avoiding surgery.

KEY POINTS

- CT enterography showed low-grade small bowel obstruction with multiple short strictures and a retained capsule in the distal jejunum; the MDT decided on endoscopic retrieval rather than surgery.
- Anterograde double balloon enteroscopy identified strictures at approximately 80cm and 110cm past the pylorus; each was dilated to 18mm under direct visualization before the capsule was retrieved using a 15mm snare.
- The patient recovered without adverse events; histology showed mild non-specific chronic inflammation not supportive of Crohn's disease, and strictures were attributed to possible NSAID enteropathy.
- The speaker recommends always ruling out strictures before capsule endoscopy, taking detailed history for obstructive symptoms, and having a low threshold for patency capsule and cross-sectional imaging.
- Double balloon enteroscopy with balloon dilatation can help avoid small bowel surgery while enabling capsule retrieval and tissue sampling, with decisions guided by MDT discussion and tailored to the patient.

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