

YIELD OF CAPSULE ENDOSCOPY AND SUBSEQUENT DEVICE-ASSISTED ENTEROSCOPY OVER A 13-YEAR PERIOD: EXPERIENCE AT A SINGLE QUATERNARY CENTRE

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UEG Week Copenhagen 2023

Poster

Oesophagus

October 15, 2023

A 13-year retrospective study of 1214 small bowel capsule endoscopies and 165 subsequent double-balloon enteroscopies at a quaternary referral centre found high diagnostic and therapeutic yields, with antegrade enteroscopy outperforming retrograde approaches.

KEY POINTS

- Small bowel capsule endoscopy detected abnormalities in 51.9% of complete studies (588 of 1132), most commonly angioectasias (45.2%), erosions (18.0%), and ulcers (8.6%), with the most frequent indication being anaemia (70.2% of cases).
- Among 165 patients who underwent double-balloon enteroscopy after capsule endoscopy, antegrade approach achieved significantly higher diagnostic yield than retrograde (77.8% vs 54.2%, $p=0.002$) and intervention rate (69.2% vs 37.5%, $p<0.001$).
- Argon plasma coagulation and clipping were the most common therapeutic interventions performed during antegrade double-balloon enteroscopy, primarily for angioectasias and active bleeding.
- The authors conclude that their findings from this large consecutive real-world dataset may inform clinical decision-making regarding the use of capsule endoscopy and the choice of enteroscopy approach for small bowel pathology evaluation.

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