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Summary

TIMING OF CAPSULE ENDOSCOPY IN OVERT OBSCURE GASTROINTESTINAL BLEEDING

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UEG Week Copenhagen 2023 | Poster

Oesophagus

October 15, 2023

A single-center retrospective study of 118 patients with overt obscure gastrointestinal bleeding found that performing capsule endoscopy within 48 hours of the last bleeding episode resulted in a significantly higher diagnostic yield compared to delayed examination.

KEY POINTS

- Capsule endoscopy performed within 48 hours of the last overt bleeding episode had a diagnostic yield of 50.0 percent, compared to 22.0 percent when performed after 48 hours, a statistically significant difference.
- Patients who underwent capsule endoscopy after 48 hours had a lower initial hemoglobin level compared to those examined within 48 hours (8.8±3.0 versus 10.7±3.7).
- Rebleeding rates and length of hospital stay were not significantly different between early and delayed capsule endoscopy groups.
- The study enrolled hospitalized patients who had undergone capsule endoscopy for overt obscure gastrointestinal bleeding after negative bidirectional endoscopy between February 2010 and December 2021.

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