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Summary

# A “SUGAR-COATED” PROBLEM: ELEVATED HEMOGLOBIN A1C LEVELS ARE ASSOCIATED WITH PROLONGED GASTRIC TRANSIT TIME IN DIABETIC PATIENTS UNDERGOING CAPSULE ENDOSCOPY

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UEG Week Copenhagen 2023 | Poster

Oesophagus

October 15, 2023

**Hemoglobin A1c levels independently predict prolonged gastric transit time during small-bowel capsule endoscopy in diabetic patients, with an optimal predictive cut-off of 6.8%.**

## KEY POINTS

- In 77 diabetic patients undergoing small-bowel capsule endoscopy, prolonged gastric transit time occurred in 42.9% and was defined as capsule remaining in stomach for more than 1 hour requiring intervention.
- Mean hemoglobin A1c was significantly higher in patients with prolonged gastric transit time compared to those without (7.4±0.8% vs 6.5±0.8%; $p<0.001$).
- Hemoglobin A1c remained an independent predictor of prolonged gastric transit time in multivariate analysis ($B=1.35$; $p<0.001$) after adjusting for age, gender, inpatient status, smoking, IBD, thyroid disease, and medication use.
- Hemoglobin A1c ≥6.8% showed very good predictive accuracy (AUC=0.80) with 81% sensitivity and 73% specificity for identifying prolonged gastric transit time.
- The authors suggest hemoglobin A1c may allow preemptive measures to avoid prolonged gastric transit time in diabetic patients with poor glycemic control undergoing capsule endoscopy.

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