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Summary

PCE-FIRST VERSUS STANDARD INVESTIGATION IN IRON DEFICIENCY ANEMIA AND MID–LOWER GASTROINTESTINAL BLEEDING: CLINICAL IMPACT AND HEALTHCARE RESOURCE UTILIZATION IN REAL-WORLD PRACTICE

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Small Intestine & Nutrition | Endoscopy

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In 200 patients with iron deficiency anemia or suspected mid-lower GI bleeding after negative upper endoscopy, a pan-intestinal capsule endoscopy-first strategy significantly shortened time to diagnosis (median approximately 21 days vs 364 days, p<0.001) and reduced need for additional procedures without increasing anemia recurrence risk.

KEY POINTS

- Clinically relevant anemia recurrence occurred in 26% of the PCE-first group versus 31% of the colonoscopy-first group, with no significant difference between strategies (log-rank p=0.377).
- Time to etiological diagnosis was markedly shorter with PCE-first: median approximately 21 days versus approximately 364 days with colonoscopy-first (p<0.001).
- 86% of PCE-first patients required no further endoscopic procedures versus 51% in the colonoscopy-first group (p<0.001), and invasive colonoscopy could be avoided in 43% of PCE-first patients.
- 42% of colonoscopy-first patients required subsequent small-bowel capsule endoscopy during follow-up.
- Baseline hemoglobin (median approximately 8.3 g/dL) was the main independent predictor of recurrence and need for intervention.

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