COMPARISON OF THE RESULTS OF MAGNETICALLY CONTROLLED CAPSULE ENDOSCOPY AND HIGH-DEFINITION GASTROSCOPY WITH PROPOFOL SEDATION: A PROSPECTIVE STUDY IN PATIENTS WITH UNINVESTIGATED FUNCTIONAL DYSPEPSIA

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A prospective study of 89 patients with functional dyspepsia found that magnetic-controlled capsule endoscopy (MCCE) and conventional gastroscopy showed comparable diagnostic accuracy for gastric lesions, with MCCE demonstrating superior patient tolerability.

KEY POINTS

- MCCE and gastroscopy showed no significant differences in detecting polyps, ulcers, submucosal tumours, early gastric cancer, lymphoma, or pangastritis in 89 patients (mean age 45) examined between 2018 and 2023.
- MCCE was more accurate than gastroscopy for detecting minimal foveolar hyperplasia (9 vs 2, p=0.01) and proximal gastritis (4 vs 1, p=0.02), while gastroscopy detected more antral gastritis cases (66 vs 53, p=0.03).
- All patients reported MCCE was more tolerable than gastroscopy with propofol sedation based on questionnaire assessment of discomfort, pain, and anxiety levels.
- The authors conclude MCCE may be a useful alternative to gastroscopy in patients under age 50 with uninvestigated functional dyspepsia to help select those requiring biopsy and potentially reduce endoscopy waiting lists.

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