

A MULTICENTRE, PROSPECTIVE BLINDED COMPARISON OF MAGNET-CONTROLLED CAPSULE ENDOSCOPY (MACE) AND OESOPHAGOGASTRODUODENOSCOPY (OGD) IN THE ASSESSMENT OF THE UPPER GASTROINTESTINAL TRACT

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Poster

Oesophagus

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In 81 patients with anaemia, magnetically-assisted capsule endoscopy (MACE) demonstrated higher diagnostic yield than conventional oesophagogastroduodenoscopy ($P<0.001$), primarily detecting minor mucosal abnormalities.

KEY POINTS

- MACE identified pathology in 24 of 45 patients (53.3%) that was not detected by OGD, predominantly gastric erosions ($n=17$) and angioectasia ($n=4$).
- Findings were concordant between MACE and OGD in 17 patients (37.8%), including gastric erosions, ulcers, oesophagitis, eroded polyps, and gastric antral vascular ectasia.
- OGD detected four lesions missed by MACE: one distal body ulcer, two oesophageal varices cases (one small, one large), and one oesophageal ulcer.
- MACE achieved complete visualisation in 93.8% of proximal and distal stomach, 79.6% of duodenum, but only 72.4% of oesophagus, with mean examination time of 22 minutes.
- The authors speculate that MACE's higher yield for minor abnormalities may relate to better patient tolerance and longer examination time, and suggest improved frame rate or dual cameras may enhance oesophageal visualisation.

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