

VIDEO CAPSULE ENDOSCOPY MAY DETECT ACTIVE SMALL BOWEL CROHN'S DISEASE REQUIRING CHANGE OF TREATMENT DESPITE UNREMARKABLE ILEO-COLONIC ANASTOMOSIS

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A retrospective study of 31 Crohn's disease patients with postsurgical ileo-colonic anastomosis found that endoscopic remission at the anastomosis does not reliably predict small bowel remission, with 70.6% of patients showing active small bowel disease on video capsule endoscopy despite anastomotic remission.

KEY POINTS

- Among 17 patients with endoscopic remission at the ileo-colonic anastomosis who completed video capsule endoscopy, only 29.4% had a normal Lewis score while 70.6% exhibited active small bowel disease (Lewis score ≥ 135 , mean 791.3 ± 1254.9).
- Patients with discrepancy between anastomotic remission and small bowel activity had shorter disease duration ($P=0.011$) and showed a trend towards shorter time since surgery ($P=0.06$).
- Treatment modification was applied in 41.2% of patients and was associated with higher Lewis scores (biserial correlation coefficient 0.51, $P=0.037$).
- No correlation was found between small bowel disease activity and concurrent medical therapy ($P=0.898$).
- This study addresses a gap in evidence regarding the role of video capsule endoscopy in postsurgical follow-up of Crohn's disease patients.

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