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Summary

ENDOSCOPIC GASTROINTESTINAL PLACEMENT (EGIPT) OF CAPSULE ENDOSCOPY TO INVESTIGATE THE SMALL BOWEL: A MULTICENTRIC EUROPEAN RETROSPECTIVE SERIES OF 630 PROCEDURES IN ADULT PATIENTS

Pierre Ellul

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Oesophagus

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A multicenter retrospective study of 630 adult patients found that endoscopic placement of small bowel capsule endoscopy achieved 96.8% technical success with a 14.9% adverse event rate and high completion and diagnostic rates.

KEY POINTS

- Technical success was achieved in 610 of 630 procedures (96.8%), with anesthesia identified as an independent factor for success ($p<0.0001$)
- The most common indications for endoscopic placement were impossible oral ingestion (41.8%) and prolonged lodging of previous capsule in the upper GI tract (34.5%), with suspected small bowel bleeding as the main indication for capsule endoscopy overall (70.6%)
- Adverse events occurred in 94 patients (14.9%), with severe events in three patients and no deaths
- When technically successful, the procedure yielded an 84.4% completion rate and 61.1% diagnostic yield, with mean small bowel transit time of 278.1 ± 137.9 minutes
- Completion rate was significantly higher when the capsule was delivered in the small bowel versus the stomach ($p<0.0001$)

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