IMPACT OF NEW TIMING RECOMMENDATIONS FOR CAPSULE ENTEROSCOPY IN THE SETTING OF OVERT DIGESTIVE BLEEDING

Rolando Pinho

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Retrospective study of 138 patients with overt middle gastrointestinal bleeding found that capsule enteroscopy performed within 48 hours of admission, as recommended by 2022 ESGE guidelines, was associated with higher therapeutic yield and lower rebleeding rates compared to later timing.

KEY POINTS

- Capsule enteroscopy within 48 hours was significantly associated with higher therapeutic yield (54.0% versus 39.2%, p=0.02) including endoscopic, radiologic, or surgical treatment
- Rebleeding rate was significantly lower in patients undergoing enteroscopy within 48 hours (19.5% versus 29.4%, p=0.04)
- Diagnostic yield was slightly higher with early capsule enteroscopy (81.6% versus 76.5%, p=0.349) though not statistically significant
- Overall mortality at 36 months did not differ between timing strategies (21.8% versus 25.5%, p=0.401)
- The study included 138 patients with median age 66 years and median follow-up of 55 months, comparing outcomes when capsule enteroscopy was performed within 48 hours versus later timeframes

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