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**COMPARISON OF THE YIELD OF SPIRAL
ENTEROSCOPY TO WIRELESS CAPSULE ENDOSCOPY
FINDINGS: REPORT FROM A SINGLE UK CENTRE**

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Introduction Spiral enteroscopy (SE) is used to evaluate and treat lesions affecting the small intestine. Abnormalities are often initially found using other diagnostic tools such as radiological imaging and wireless capsule endoscopy (WCE). There is little published data evaluating the findings of SE in patients with abnormalities seen at prior capsule endoscopy. The aim is to evaluate the diagnostic yield of spiral enteroscopy and

compare findings in patients who had previously had wireless capsule endoscopy in a single UK centre.

Methods A retrospective analysis of case notes of all patients undergoing WCE followed by SE was performed. Data regarding patient demographics, indications for WCE, WCE findings, subsequent SE findings and therapy performed was collected and analysed.

Results 22 patients had capsule endoscopies followed by SE. Two patients had repeat WCE and two had SE twice. SE was performed orally on 23 occasions and once per rectum. There were 17 male and 7 female patients. Mean age was 70.6 (range 40–90). Indications for WCE were recurrent iron deficiency anaemia (11), gastrointestinal bleeding/melaena (5), occult gastrointestinal bleeding (5), anaemia and abdominal pain (2), and abdominal pain (1). Findings on WCE included angiodysplasia (9), normal examination (6), ulceration (3), small bowel diverticula (2), polyps (2), ulceration (2), findings suspicious for angiodysplasia (2), strictures (1) and nodular lymphoid hyperplasia (1). Two patients had more than one abnormality identified. The mean time from WCE to SE was 190.9 days (range 28–850). All SEs were performed under conscious sedation. The estimated depth of insertion was available for 20 patients, with a mean of 215.2 cm (range 100–300 cm) per oral, and 50 cm from the ICV per rectum. Mean time for the procedure in 20 patients was 40.5 min (range 25–65). Abnormalities were found by SE in 14 (70%) cases. Findings on WCE were reproduced at SE in 19 cases (79.2%). In three cases, SE found additional pathology not seen at WCE (two angiodysplasia, one jejunal diverticulae). In two cases SE clarified suspicious but non diagnostic abnormalities seen at WCE (angiodysplasia) and in two cases of small bowel polyps seen at WCE, SE confirmed a diagnosis of polypoid lymphangiectases. Thirteen cases (54.2%) underwent therapy in the form of APC with complete haemostasis in all.

Conclusion In our experience, SE is able to locate pathology found on WCE in 79.2% of cases, but it may also find additional pathology and clarify non diagnostic findings. SE also permits therapy and complements WCE in the management of patients with suspected small bowel pathology.

Competing interests None.

Keywords Spiral Enteroscopy, Wireless capsule endoscopy.