photoocoagulation therapy for their AE. On logistic regression, factors associated with a subsequent change in management included the indication of OB (p = 0.03), the presence of comorbidity (p = 0.03), transfusion dependence (p = 0.02) and the presence of AE (p < 0.001) on the CE. In 14% of patients, significant lesions were found outside the SB (upper GI tract 12% and colon 2%).

Conclusion This is the largest series on the use of CE in OGB in the published literature. A significant number of patients with a positive DY had a change in management. Factors that were more likely to predict an alteration of outcome were the presence of comorbidity, transfusion dependence and the presence of AE. Although, the DY did not differ significantly between those with IDA and OB, management was more likely to be altered in those with OB.

Disclosure of Interest None Declared.

**Disclosure of Interest**  None Declared.

**Methods**

The age of 50 years in comparison to the older cohort. The aim of this study was to assess the utility of CE in patients under 50 years. Data was collected retrospectively for demographics, the presence of co-morbidity, medications including anticoagulants, and the presence of diabetes (p = 0.001) on the CE. In 14% of patients, significant lesions were found in this age group including erosions and ulcers (26% (n = 71), small bowel (SB) angioectasia (AE) in 10% (n = 27), SB tumours (7), crohn’s disease (7), SB bowel strictures (3), and SB varices (2). Other findings (14) included endometriosis, a dielafyion lesion, diarrrhoea, diverticulism and fresh blood from uncertain site. On logistic regression, the presence of diabetes (p = 0.02) and the use of warfarin (p = 0.049) was associated with increased yield. Management was altered in 59% (n = 57) of patients with a positive yield on CE. This was in the form of double balloon enteroscopy (11), push enteroscopy (2), repeat OGD (2), surgery (2), repeat CE (5) with only one patient receiving argon photoocoagulation therapy in this group. On logistic regression, clinical factors that were associated with a management change included the presence of inflammatory bowel disease (p = 0.006), diabetes (p = 0.014), previous transfusion (p = 0.01) and SB AE (p = 0.002) in group 1. The diagnostic yield in group 2 was 38% which was significantly higher than in group 1 (p = 0.02). Whilst small bowel tumours were equally common in both groups, angioectasia was commoner in group 2 (p = 0.001).

Conclusion A significant proportion of patients below 50 years are referred for CE. Although the diagnostic yield is lower compared to those above 50 years, significant pathology is found in this age group. CE should be considered in the management pathway of patients under 50 years with recurrent IDA in both sexes.

Disclosure of Interest None Declared.

**Methods**

The role of capsule endoscopy (CE) in patients with iron deficiency anaemia (IDA) under the age of 50 years remains unclear. There is paucity of data on its use in this age group. The aim of this study was to assess the utility of CE in patients under the age of 50 years in comparison to the older cohort.

**Methods**

All patients referred for CE routinely for IDA were included. Patients were divided into group 1 (< 50 years) and group 2 (≥50 years). Data was collected retrospectively for demographics, the presence of co-morbidity, medications including anticoagulants, diagnostic yield and subsequent follow up. The data was analysed using SPSS Ver 18.

**Results**

There were 971 patients with IDA identified with 28% of patients belonging to group 1. The mean age was 40 years in this group (range 17–49 years) with 61% (n = 168) of the cohort being female. The diagnostic yield in group 1 was 28% (n = 76) with no difference between the sexes. Significant diagnoses were found in this age group including erosions and ulcers 26% (n = 71), small bowel (SB) angioectasia (AE) in 10% (n = 27), SB tumours (7), crohn’s disease (7), SB bowel strictures (3), and SB varices (2). Other findings (14) included endometriosis, a dielafyion lesion, diverticulism and fresh blood from uncertain site. On logistic regression, the presence of diabetes (p = 0.02) and the use of warfarin (p = 0.049) was associated with increased yield. Management was altered in 59% (n = 57) of patients with a positive yield on CE. This was in the form of double balloon enteroscopy (11), push enteroscopy (2), repeat OGD (2), surgery (2), repeat CE (5) with only one patient receiving argon photoocoagulation therapy in this group. On logistic regression, clinical factors that were associated with a management change included the presence of inflammatory bowel disease (p = 0.006), diabetes (p = 0.014), previous transfusion (p = 0.01) and SB AE (p = 0.002) in group 1. The diagnostic yield in group 2 was 38% which was significantly higher than in group 1 (p = 0.02). Whilst small bowel tumours were equally common in both groups, angioectasia was commoner in group 2 (p = 0.001).

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