PWE-102 CAPSULE ENDOSCOPY IN SUSPECTED SMALL BOWEL CROHN'S DISEASE-IS IT WORTH REPEATING A NEGATIVE STUDY?

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10.1136/gutjnl-2018-BSGAbstracts.336

Introduction Crohn's disease (CD) affects the small bowel (SB)¹ in a significant proportion of patients. Capsule endoscopy (CE) has a high diagnostic yield (DY) for SB CD and inflammation²; however, in patients with negative initial CE but ongoing clinical suspicion of CD, information on the utility of repeat CE is limited.

Abstract PWE-102 Table 1 below summarises the CE findings in these patients.

Pt	M/ F	Age (yrs)	Initial CE findings	Repeat CE findings	Time between CEs (days)	FC results
1	F	44	CD	Consistent with CD diagnosis	48	High
2	M	16	CD	Active SB CD	862	High
3	F	40	Likely CD	Normal	544	High
4	F	24	Likely CD	Nonspecific	454	High (x2); normal (x5)
5	F	66	Likely CD, ileal retention	Ileal strictures and bleeding; retention	2206	High
6	M	30	Nonspecific inflammation	Normal	2269	High
7	F	15	Nonspecific inflammation	Normal	285	Normal
8	F	57	Nonspecific inflammation	Nonspecific inflammation	659	High
9	M	53	Nonspecific ileitis	Normal	1560	High
10	F	23	Nonspecific findings	Suggestive of CD	2066	High
11	F	54	Nonspecific findings	Suggestive of CD	421	High
12	F	64	? lymphoproliferative disorder	?inflammatory/infiltrative process	377	High
13	M	44	NSAID enteropathy	Likely NSAID-related ulcer	1063	Normal
14	F	61	Angioectasia	Duodenal angioectasias	538	High
15	F	36	Duodenal ulcer	Normal	3123	High
16	F	28	Normal	Normal	183	High
17	F	29	Normal	Normal	91	High(x1); normal (x2)
18	M	65	Stomach retention	Normal	70	None available
19	F	64	Recorder failure	Nonspecific ileitis	920	High

Methods Using a prospectively-maintained database, we identified patients undergoing repeat CE for suspected SB CD at a tertiary care centre. Over the data collection period (2005–2017), CEs were reported based on clinical impression without use of a standardised tool (i. e. Lewis score or CECDAI).

Results Over the study period, 434 CEs were carried out for suspected SB CD. 19 (4.4%) were repeat CEs, median age of patients 44.3 years (range 15.8–66.8), 14F/5M. The median time between CEs was 544 days (range 48–3123).

Conclusion The DY of repeat CE carried out for suspected SB CD was 6/17 (35.3%) where there had been diagnostic uncertainty following the initial CE. In patients where no SB inflammation was seen on the initial CE, 0/5 (0%) of repeat CEs showed inflammatory changes.

Although the numbers in this cohort study are small, our findings would support the hypothesis that repeat CE is useful in equivocal and inconclusive studies where there is clinical suspicion of SB CD. Conversely, in patients whose initial CE showed no evidence or suggestion of SB CD, repeating the procedure adds little.

PWE-103 CAPSULE ENDOSCOPY IN SUSPECTED GI BLEEDING-IS IT WORTH REPEATING A NEGATIVE STUDY?

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10.1136/gutjnl-2018-BSGAbstracts.337

Introduction The most common indications for capsule endoscopy (CE) are iron deficiency anaemia (IDA) and occult gastrointestinal bleeding (OGIB). This study aimed to assess the diagnostic yield (DY) of repeat CE in patients for whom there is ongoing clinical concern, despite an initially negative CE.

Methods Patients who underwent ≥ 2 CEs for IDA/OGIB at our centre, from 2005 to 2017, were identified from a prospectively-designed database. Data were extracted on indications and CE findings. The capsule examination was considered to have DY if the findings accounted for the patient's presentation.

Results 85 patients underwent repeat CE during the study period, median age 65.8 years (range 11.5–89.8; 42F/55M). The median interval between procedures was 463 days (range 1–3066). 14 patients underwent repeat CE due to a retained or incomplete initial capsule and were excluded from analysis. In the remaining 71 patients, initial CE findings were: normal (22), vascular lesions/bleeding (26), small bowel inflammation (5), others (8; including polyps, portal hypertensive enteropathy (PHE), celiac disease, small bowel (SB) varices and SB lymphoma), nonspecific findings of unclear significance (6) and non-SB findings (5).

In patients with a normal initial CE, repeat CE identified a cause for IDA/OGIB in 9/22 (40.9%). 12/22 CEs (54.5%) were normal and 1 was incomplete.

Of the 19 patients with vascular lesions seen initially, the initial lesion was confirmed in 13/19 (68.4%) CEs. The diagnosis was revised in 2 patients: 1 was found to have PHE and 1 likely NSAID enteropathy. 3/19 (15.8%) patients had normal repeat CEs and 1 was retained.

7 patients had active bleeding on initial CE but no lesion seen. Repeat CE in this group had DY 5/7 (71.4%): angioectasias (3), polyp (1), SB inflammation (1). 2 repeat CEs were normal.

In the 6 patients with nonspecific initial findings, repeat CE identified specific findings in 2/6 (33.3%) patients (1 NSAID enteropathy, 1 jejunal ulcer).