



[Back to Cover](#)

March 21, 2006 Volume 42 Issue 10

DIGESTIVE DEASESE UPDATE: Gastroenterologists throughout Canada and from around the world recently journeyed to Banff, Alta., to attend the Canadian Association of Gastroenterology's annual Canadian Digestive Disease Week (CDDW) meeting. No doubt, many also took advantage of the world-class skiing the area offers. *Medical Post* staff writer David Hodges attended the meeting and files these reports.

CDDW: Repeat CE useful, study finds

By David Hodges

BANFF, ALTA. | A review of repeat capsule endoscopy (CE) procedures at two hospitals confirms this imaging technique does provide useful diagnostic information in patients with both positive and negative initial findings.

While there is little doubt CE is the gold standard for visualizing the small intestine, little is known about whether negative or repeated studies are of benefit, said lead study author Dr. Robert Enns at the meeting here.

Dr. Enns, an assistant professor of gastroenterology at the University of British Columbia, said the only previous review to look at these variables was published in the May 2005 issue of the *American Journal of Gastroenterology* by Mayo Clinic researchers in Scottsdale, Ariz. These researchers also found repeat CE resulted in a high yield of new findings that led to changes in patient management, regardless of whether the initial CE study was negative or inconclusive.

These reviews are different from most published CE studies, which have focused on positive findings, Dr. Enns said. "That's what editors tend to like."

Unfunded procedures

His review, like the Mayo review, concentrated on unfunded procedures, in which investigators were literally "scraping together dollars just to put the capsules in the patients.

"They're much different than perhaps other studies that you see that relate to pharmaceuticals," he said.

The study by Dr. Enns and his colleagues evaluated prospective findings for 42 repeat CE tests completed between 2001 and 2004 at St. Paul's Hospital in Vancouver and the Royal Brisbane Hospital in Australia. Of these patients, 17 had a second test due to negative initial findings, 11 to clarify positive findings, 13 due to inconclusive findings (because of poor preparation, capsule failure or because the capsule didn't exit the stomach) and one due to polyposis syndrome.

Among the 30 patients who had an initial negative or inconclusive outcome, repeat CE detected positive findings in 11—six ulcerations of the small bowel, three angiodysplasias, one duodenal tumour and one case of small bowel varices. These

positive findings led to significant changes in management in nine (80%) of these subjects.

Of the remaining 19 patients who underwent additional CE because of an initial negative or inconclusive outcome, 16 had negative findings and three failed again due to poor preparation or the capsule not exiting properly.

[Back to Contents](#)

© Copyright 2006 *The Medical Post*. All rights reserved.

