

Inflammatory Disorders of the Small Bowel



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KEYWORDS

- Capsule endoscopy • Deep enteroscopy • CT enterography • MR enterography
- Crohn disease • NSAID enteropathy • Celiac disease

KEY POINTS

- Capsule endoscopy, cross-sectional imaging and deep enteroscopy have a complementary role in evaluation of small bowel (SB) inflammatory disorders.
- Capsule endoscopy is recommended as the test of choice after a negative ileocolonoscopy in patients without obstructive symptoms.
- Cross-sectional imaging is preferred to capsule endoscopy for evaluation of established Crohn disease because of the higher risk for capsule retention.
- Capsule endoscopy is useful for the diagnosis of celiac disease in patients unable or unwilling to undergo standard upper endoscopy, and in evaluation of patients with refractory celiac disease.
- Deep enteroscopy is useful to obtain tissue diagnosis and perform endoscopic therapy, including balloon dilation of SB strictures and NSAID-related diaphragms, and capsule retrieval.

INTRODUCTION

Inflammatory disorders of the small bowel (SB) are common and can present in many different ways depending on the underlying cause. Many of the inflammatory disorders lead to mucosal ulceration, whereas some only cause superficial mucosal changes. As a result, patients can present with varied symptoms of abdominal pain, diarrhea, bleeding, iron deficiency anemia, malabsorption, weight loss, and/or obstruction.¹ The most common causes of SB inflammation include Crohn disease (CD), nonsteroidal antiinflammatory drug (NSAID) enteropathy, and celiac disease. Less common

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causes include autoimmune enteropathy, radiation enteritis, infection (tuberculosis, yersinia), lymphoproliferative disorders, ischemia, and Behçet disease. A list of the differential diagnosis can be found in **Box 1**. This article focuses on CD, NSAID enteropathy, and celiac disease. It provides updates on the diagnosis of these diseases using capsule endoscopy (CE), deep enteroscopy, and cross-sectional imaging with computed tomography enterography (CTE) or magnetic resonance enterography (MRE).

SMALL BOWEL CROHN DISEASE

Inflammatory bowel disease consists of 2 main types: ulcerative colitis and CD. Ulcerative colitis mainly involves the colon, whereas CD can affect the entire gastrointestinal tract. Most commonly, CD involves both the terminal ileum and colon segmentally, but may involve only the SB, especially in young patients. There is no gold standard for diagnosis, which depends on a constellation of findings based on the history and physical examination, laboratory tests, endoscopy, pathology, and radiology.

CD that is isolated to the SB can be challenging to diagnose and manage. It is estimated that one-third of patients have disease confined to the SB.² A recent study suggests that SB involvement may occur more often than was previously thought.³ Endoscopic skipping of the distal terminal ileum may also occur, making diagnosis by ileocolonoscopy challenging.⁴ Making this even more challenging is the poor correlation between symptoms and severity of inflammation in the SB.⁵ As a result, it is critically important that clinicians have the right technology to completely image the SB when inflammation is suspected. As such, a comprehensive evaluation of the SB may be indicated to make a definitive diagnosis, determine disease extent and severity, and/or evaluate for mucosal healing. The approach to patients with suspected CD is different from the approach to patients with known CD.

SUSPECTED CROHN DISEASE

In most patients with SB CD, the disease is located in the terminal ileum, and thus can be diagnosed with ileocolonoscopy, which also allows direct mucosal examination and biopsy.⁶ However, in a subset of patients with isolated SB CD, or in those with sparing of the terminal ileum, it may be more difficult to make a diagnosis. Normal

Box 1

Differential diagnosis of small bowel inflammation

- CD
- NSAID enteropathy
- Celiac disease
- Radiation enteritis
- Infection
- Ischemia
- Autoimmune enteropathy
- Behçet disease
- Lymphoproliferative disorders

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