

Capsule Endoscopy and Deep Enteroscopy in Inflammatory Bowel Disease



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KEYWORDS

- Small-bowel video capsule endoscopy • Crohn's disease • Mucosal healing
- Classification • Postoperative recurrence • Device-assisted enteroscopy

KEY POINTS

- Capsule endoscopy and device-assisted enteroscopy provide thorough and accurate evaluation of the small bowel.
- Capsule endoscopy is a valuable tool for determination of disease location and phenotype, assessment of mucosal healing, and determination of postoperative recurrence.
- Device-assisted enteroscopy allows for histologic verification of the diagnosis and treatment of disease complications.

INTRODUCTION

The small bowel is involved in at least 70% of Crohn's disease (CD) patients, and in at least 30% of patients it involves the small bowel exclusively; the involved segments are frequently proximal to the terminal ileum and, thus, are inaccessible to standard ileocolonoscopy evaluation.¹ Video capsule endoscopy and device-assisted enteroscopy (DAE) have greatly expanded the ability to diagnose small-bowel pathologic conditions. Small-bowel capsule endoscopy (SBCE) (Given Imaging, Yokneam, Israel) has been available for clinical use since its authority's approval in the United States and Europe in 2001.² Several other manufacturers released their versions of the device since, and the basic operational principals are similar across models.³ A growing body of evidence supports the use of SBCE for phenotyping, assessing severity and prognosis, and monitoring treatment in small-bowel CD, turning SBCE into a valuable decision-supporting tool. DAE incorporates a few diagnostic modalities for endoscopic endoluminal evaluation necessitating assisted progression, including push enteroscopy, single and double balloon enteroscopy, spiral enteroscopy,

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balloon-guided endoscopy, or intraoperative enteroscopy (**Fig. 1**). DAE enables histopathologic confirmation when other modalities such as ileocolonoscopy, SBCE, and cross-sectional imaging are inconclusive and also allows for therapeutic intervention.⁴ The applications of video capsule endoscopy and DAE in established small-bowel CD are reviewed below.

DIAGNOSIS OF CROHN'S DISEASE BY CAPSULE ENDOSCOPY

Characteristic Endoscopic Findings

Several SBCE findings are frequently associated with CD: aphthous lesions, serpiginous, linear or deep ulcerations, and mucosal edema⁵ (see **Fig. 1**). However, these findings are neither pathognomonic nor specific to CD. Some minor small-bowel lesions may be found in up to 10% of normal subjects,⁶ but the most common mimickers of small-bowel CD are nonsteroidal anti-inflammatory medication (NSAID)-induced enteropathy, which may appear after a short exposure^{7,8} Avoidance of NSAIDs for at least 1 month before SBCE examination is, therefore, mandatory for patients undergoing SBCE for suspected CD.⁹

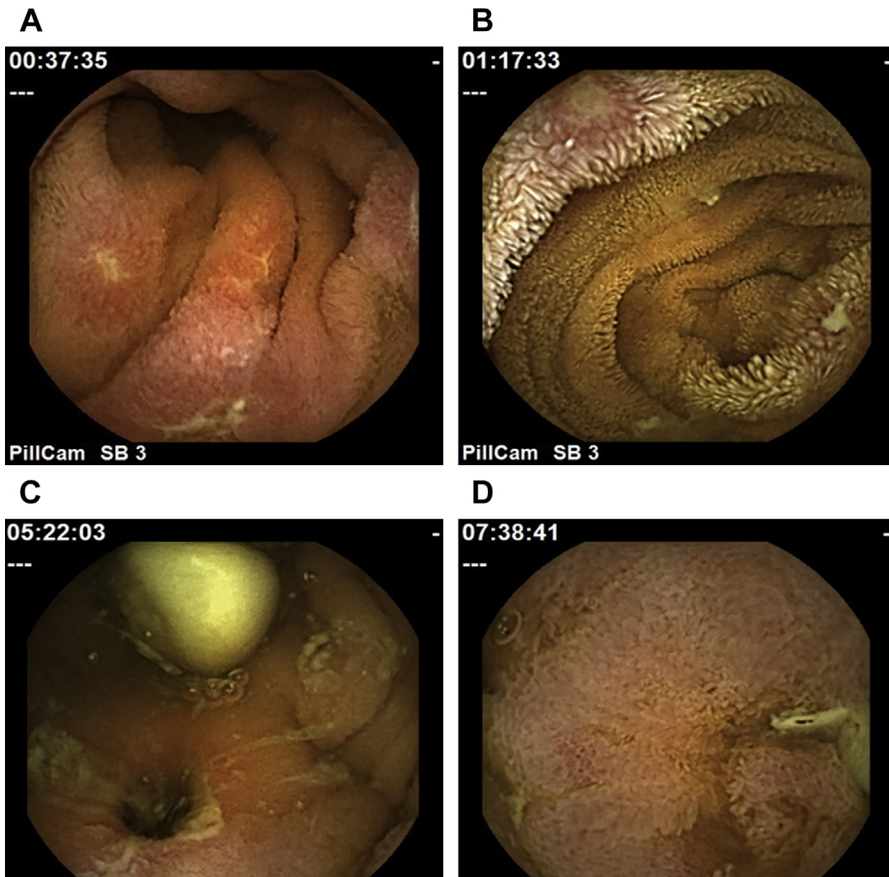


Fig. 1. Capsule endoscopy findings characteristic of CD. (A, B) Ulcerations. (C) Ulcerated stricture. (D) Mucosal edema.

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