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ORIGINAL ARTICLE

Indications for and diagnostic yield of capsule endoscopy in the elderly[☆]

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KEYWORDS

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Older patients

Abstract

Introduction And Aims: The growing elderly population and wide use of capsule endoscopy have led to a higher number of procedures in those patients. The aim of the present study was to assess the usefulness of capsule endoscopy in older patients.

Materials And Methods: All consecutive patients undergoing capsule endoscopy at our center within the time frame of 2004-2016 were classified as older (≥ 75 years of age) and younger. Findings and diagnostic yield were comparatively assessed.

Results: Of 2311 patients (mean age: 59.5 ± 19.23 years, 44.48% male), 648 were in the older group and 1663 in the younger group. Gastric transit time was shorter in the older patients ($p=0.001$), whereas small bowel transit time was shorter in the younger patients ($p<0.001$). Overall diagnostic yield in the elderly was higher (50.66% vs. 41.19%, $p<0.001$). Obscure gastrointestinal bleeding was the most frequent indication for capsule endoscopy in the elderly (90.4% vs. 53.77%, $p<0.001$), achieving a higher diagnostic yield than in the younger population (51.47% vs. 42.76%, $p=0.002$), whereas Crohn's disease, suspected or known neoplasms/polyps, malabsorption syndrome, and abdominal pain were the indications in the younger patient group. Such indications were rare in the older group. Vascular lesions and active bleeding were more frequently diagnosed in the older patients, whereas ulcers/erosions and mucosal atrophy were more common in the younger patients ($p<0.001$).

Conclusions: Capsule endoscopy achieved a higher overall diagnostic yield in the elderly patients. Obscure gastrointestinal bleeding indication for capsule endoscopy was much more frequent in the advanced-age group and had a higher diagnostic yield.

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PALABRAS CLAVE

Endoscopia por
cápsula;
Intestino delgado;
Ancianos;
Sangrado
gastrointestinal de
origen oscuro;
Pacientes mayores

Indicaciones y rendimiento diagnóstico de la cápsula endoscópica en el anciano**Resumen**

Introducción y Objetivos: La creciente población anciana y el uso amplio de la endoscopia por cápsula han llevado a una cantidad mayor de procedimientos en aquellos pacientes. El objetivo del presente estudio fue valorar la utilidad de la endoscopia por cápsula en pacientes mayores. *Materiales y Métodos:* Se clasificó a todos los pacientes consecutivos en nuestro centro sometidos a cápsula endoscópica (CE) dentro del periodo de tiempo 2004-2016 como mayores (≥ 75 años) y más jóvenes. Los hallazgos y el rendimiento de diagnóstico se valoraron comparativamente.

Resultados: De 2,311 pacientes (edad promedio: 59.5 ± 19.23 años, 44.48% hombres), 648 se encontraban en el grupo de mayores y 1,663 en el grupo de más jóvenes. El tiempo de tránsito gástrico fue más corto en los pacientes mayores ($p=0.001$), mientras que el tiempo de tránsito del intestino delgado fue más corto en el grupo de pacientes más jóvenes ($p<0.001$). El rendimiento de diagnóstico global fue más alto en los ancianos (50.66% vs. 41.19%, $p<0.001$). El sangrado gastrointestinal de origen oscuro fue la indicación más frecuente para la endoscopia por cápsula en los ancianos (90.4% vs. 53.77%, $p<0.001$), logrando un rendimiento de diagnóstico más alto que en la población más joven (51.47% vs. 42.76%, $p=0.002$), mientras que la enfermedad de Crohn, sospecha o conocimiento de neoplasmas/pólipos, síndrome de malabsorción, y dolor abdominal fueron las indicaciones en el grupo de pacientes más jóvenes. Tales indicaciones fueron poco comunes en el grupo de mayores. Se diagnosticó con mayor frecuencia las lesiones vasculares y el sangrado activo en los pacientes mayores, mientras que las úlceras/erosiones y la atrofia muscular fueron más comunes en los pacientes más jóvenes ($p<0.001$).

Conclusiones: La endoscopia por cápsula logró un rendimiento de diagnóstico global más alto en los pacientes ancianos. La indicación de sangrado gastrointestinal de origen oscuro para endoscopia por cápsula fue mucho más frecuente en el grupo de edad avanzada y presentó un rendimiento de diagnóstico mayor.

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Introduction and aims

Capsule endoscopy (CE) has been shown to be a useful non-invasive procedure to assess small bowel (SB) pathology.¹ Features predicting CE diagnostic yield have been evaluated, particularly in obscure gastrointestinal bleeding (OGIB).² Furthermore, the growing elderly population and widespread use of CE have led to a higher number of procedures carried out in those patients. Twenty percent of elderly patients have a negative upper and lower endoscopy and two thirds of them have a lesion in the SB.³ However, the influence of aging on CE remains unclear.

The overall diagnostic yield of CE has been shown to increase in older patients,⁴ especially in cases of iron deficiency anemia.⁵ At present, most studies assess the usefulness of CE in older patients in the OGIB setting. Vascular lesions have frequently been reported in the elderly population presenting with OGIB, with angioectasia as the most common finding.⁶ The difference in diagnostic yield in older and younger populations for other types of lesions, such as ulcers or tumours,^{7,8} remains controversial. In addition,

there are currently few studies evaluating the usefulness of CE in the elderly for other indications. The aim of our study was to comparatively assess the indications and usefulness of CE in patients over and under 75 years of age.

Materials and methods**Patients and CE procedure**

All data from consecutive patients undergoing CE at our referral center within the time frame of January 2004 and August 2016 were retrieved from a prospectively collected database. Age, sex, and demographic variables were registered. The CE wireless camera (PillCam SB1-SB3, Medtronic, Minneapolis, Minnesota, USA) was swallowed by the patient or administered by a capsule endoscopy camera delivery device (US Endoscopy, OH, USA), after an 8 to 12-h fast. No bowel preparation or previous prokinetic agents were administered. Gastric and SB transit times were considered. Total enteroscopy of the entire SB was achieved when the CE reached the cecum within the

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