

Title:

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Use of a patency capsule in the daily practice

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Dear Editor,

We read with great interest the paper by Albuquerque et al. (1) entitled “*Predictive factors of small bowel patency in Crohn’s disease patients*”. Despite being a safe procedure, capsule endoscopy (CE) retention is a complication that should be kept in mind, especially in Crohn’s disease (CD) patients (2,3). However, the risk of CE retention can be minimized using the patency capsule (PC). Although some clinical trials confirm its effectiveness (4), its use in the daily practice has been poorly investigated. Albuquerque et al. (1) report a PC negative predictive value (NPV) of 100% in this setting.

We conducted a similar study of 134 consecutive PCs performed at our institution. The main indication was established CD (45.5%), followed by suspected CD (23.9%). The study results are summarized in figure 1. The PC was retained in the terminal ileum in all cases of a negative SB permeability test (n = 23, 17.2%). Moreover, five patients (21.7%) experienced obstructive symptoms that were resolved with conservative management in less than 72 hours (40% needed steroids). In all 23 patients, the “true” CE procedure was contraindicated. In all patients with a positive small bowel (SB) permeability test (n = 111, 82.8%), the “true” CE was administered. Two cases (1.8%) of capsule retention were seen in this group of patients. One patient required surgery

and lymphoma was found in the surgical specimen. The remaining case resolved spontaneously. The negative predictive value of PC to predict CE retention was 98.2%, which is very close to the 100% rate published by Albuquerque (1). Therefore, apart from the clinical trials published to date, both studies show that PC is a safe and effective tool to evaluate the permeability of the SB prior to CE in the daily practice.

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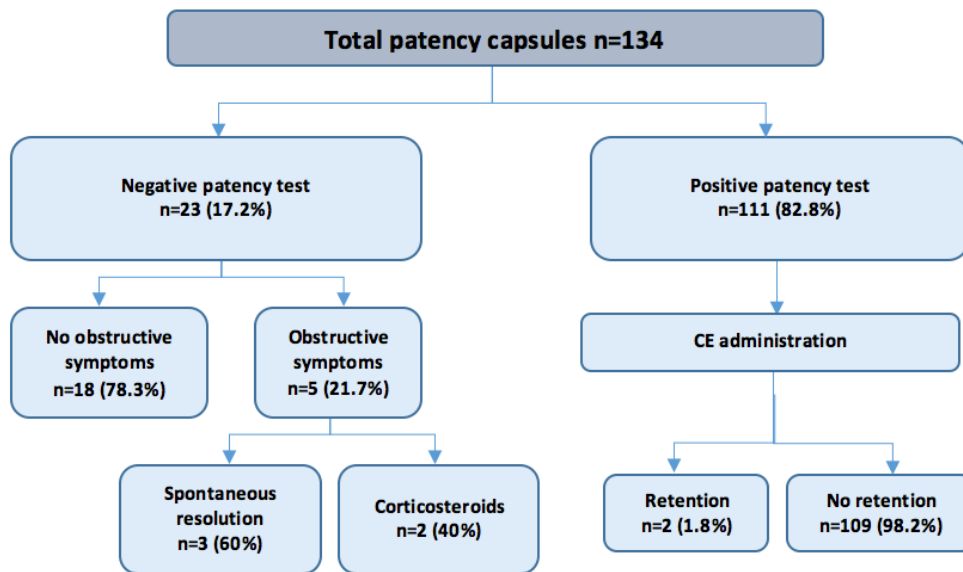


Fig. 1. Patency capsule performance.