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Capsule endoscopy retention in Zenker´s diverticulum

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Clinical Case:

A 75-year-old male patient, with a history of digestive bleeding of unknown origin, underwent a study of the small intestine by capsule endoscopy. In two abdominal radiographs, the capsule endoscopy was not evident nor recovered. Thus, it was assumed that the capsule was expelled. Two years later, the patient presented dysphagia and consulted. A chest tomography revealed the presence of a Zenker's diverticulum with an image suggestive of a capsule endoscopy inside. Endoscopic extraction of the capsule was performed under general anesthesia and endotracheal intubation. During the procedure, Zenker's diverticulum was observed with the capsule inside, which was extracted with a Roth basket.

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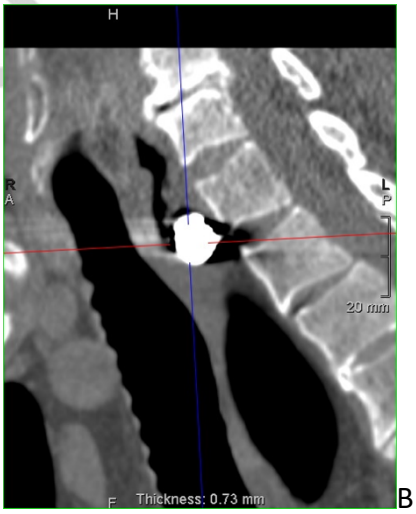
Discussion

Capsule endoscopy is used to examine the small intestine, mainly in cases of occult bleeding, inflammatory bowel disease, and tumor detection.[1] The most common complication is the retention of the capsule due to intestinal stenosis, which then requires invasive procedures for capsule extraction.[2] The retention of the capsule at the esophageal level should be considered since the incidence of this issue increases in incomplete studies. Studies have shown that 10.1% of cases occur due to other causes, such as age (> 65), transit through the stomach (> 43 minutes), and minutes in the small intestine (> 286).[3]

A



B

Images A and B: CT scan of the chest showing Zenker's diverticulum with a capsule inside.

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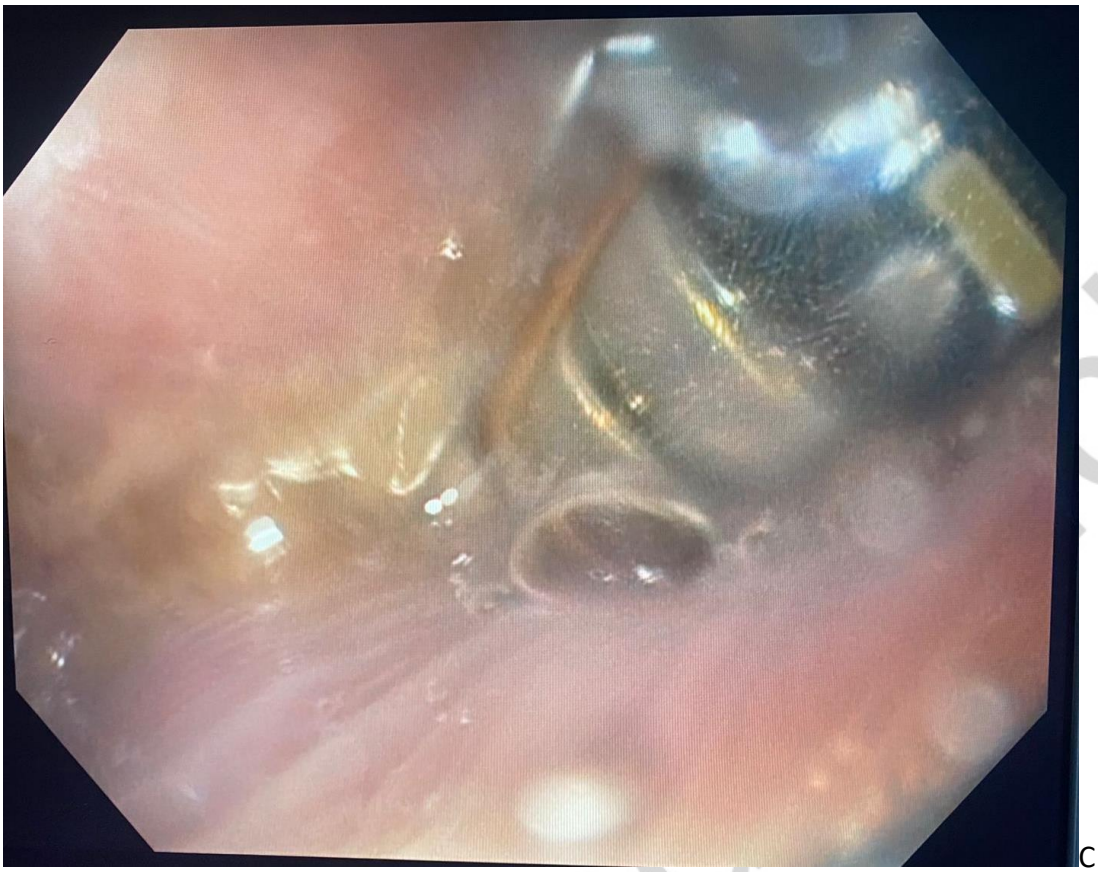

C

Image C: Endoscopic view of endoscopic capsule inside Zenker's diverticulum.

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