Usefulness of video capsule gastrointestinal endoscopy in digestive bleeding of unknown origin


Record Status
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Citation

Authors' objectives
The aim of this report was to assess video capsule gastrointestinal endoscopy usefulness for digestive bleeding of unknown origin.

Authors' conclusions
The present evidence on safety and diagnostic usefulness of the video capsule is enough to support the use of this procedure for occult digestive bleeding. The sensitivity, specificity and predictive values are not known because there is no standard comparative method. Many agencies and organizations agree to support its use in the assessment of small bowel bleeding in persons with objective gastrointestinal bleeding of uncertain and recurrent origin (iron deficiency anemia, positive fecal occult blood or visible bleeding) who have undergone upper and lower endoscopies, if these studies were unable to identify the source. In addition, the patient must have been studied with push enteroscopy and radiologic techniques for the small bowel. The most common identified sources are angiodysplasia and malignant tumors. Another supported use is in the diagnosis of patients with suspected Crohn's disease, who have no disease evidence using conventional diagnostic tests, including small bowel transit and bidirectional endoscopy. This indication is limited due to the costs and rate of complications in these patients. Prior standard evaluation should rule-out bowel obstruction, stenosis or the presence of fistulas, since VCE is clearly contraindicated in these situations. Finally, more long term studies to establish the clinical significance of many of the findings on VCE and more randomized clinical trials (RCT) are necessary to settle the role of VCE replacing enteroscopy, as a second step in the investigation. Besides, more clinical experience in the use of this method is required.

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