Record Status
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Citation

Authors' conclusions
• The present evidence is consistent that for the diagnosis of patients with small bowel disease VCE provides a comparable and sometimes higher diagnostic yield than alternative diagnostic approaches. • For patients with OGIB, the diagnostic yield of VCE is significantly higher than that of push enteroscopy, and small bowel barium radiography, and not significantly different from that of double balloon enteroscopy. • For patients with suspected and established small-bowel Crohn's Disease, the diagnostic yield of VCE is significantly higher than that of small bowel barium radiography, CT enterography/enteroclysis, colonoscopy with ileoscopy and push enteroscopy. There is no statistically significant difference in yield between VCE and MRE enterography. • In spite of the absence of data it must be noted that VCE may be associated with overdiagnosis. Two RCTs have demonstrated that compared with other diagnostic tests, VCE did not significantly improve the clinical outcomes in 1 year follow-up. • While the optimal sequence of diagnostic tests must be determined for each case, there is agreement that VCE should not be a first line test. • The unit cost to the MUHC of each VCE study is estimated to be $984.55. The budget impact of the projected 100 tests per year would therefore be $98,455. Its use will reduce demand on alternative test procedures, thus diminishing wait times.

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