Capsule Endoscopy: A Series of Clinical Case Vignettes

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Case 1: Gastrointestinal Bleeding of Obscure Origins: Angioectasia Detection by Capsule Endoscopy

There are many sources of obscure gastrointestinal bleeding. Angioectasias are aberrant blood vessels that can be found within the gastrointestinal lumen, which are a common source of obscure gastrointestinal bleeding. Angioectasias are acquired lesions, compared with other vascular lesions of the gastrointestinal tract. They usually occur in association with chronic conditions such as chronic renal insufficiency, end stage liver disease, rheumatologic conditions, and valvular heart disease.¹

Overt gastrointestinal bleeding is one typical manifestation of angioectasias, however occult presentations, such as iron deficiency anemia and guaiac positive stool are typical presentations as well. There is a direct correlation between the prevalence of angioectasias and age, as most lesions occur in patients older than 60 years of age.² Angioectasias can occur in any portion of the gastrointestinal tract.

The endoscopic appearance of angioectasias is that of “arborizing ectatic vessels,” arising from a central blood vessel. Endoscopic treatment of angioectasias includes injection therapy, thermal probe coagulation, and argon plasma coagulation. For persistent or recurrent bleeding, angioembolization and even surgery have been implemented therapeutic modalities. Capsule endoscopy has proven to be an extremely valuable diagnostic modality in identifying these lesions.³ As demonstrated in the case presented, capsule endoscopy was able to visualize these lesions so as to create a therapeutic plan to correct this patient’s anemia.⁴

References:

1. Raju GS, Gerson L, Das A, Lewis B: American Gastroenterological Association (AGA) Institute
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