Capsule endoscope aspiration: A common complication?  

Aspiración de cápsula endoscópica: ¿complicación frecuente?  

Obscure gastrointestinal bleeding (OGIB) is defined as occult bleeding or it manifests as bleeding of unknown origin after negative endoscopy and colonoscopy. OGIB can present as occult bleeding characterized by anemia, iron deficiency and/or fecal occult blood, or it can manifest as hematochezia or melena, with no evidence of the bleeding site through conventional studies. Approximately 5% of gastrointestinal bleeding occurs between the Treitz ligament and the ileocecal valve. Diagnosis and treatment of patients with OGIB are often long and difficult processes. Capsule endoscopy (CE) has been shown to be a cornerstone in evaluating the patient with OGIB. The benefits of CE include the fact that it is a painless, invasive method that is widely accepted by the patient for studying the small bowel. CE has been shown to be a cornerstone in evaluating the patient with OGIB. The benefits of CE include the fact that it is a painless, invasive method that is widely accepted by the patient for studying the small bowel (SB). All the patient has to do is swallow the capsule and the successful and non-invasive recovery of the patient. The first reported case of aspiration required surgical extraction, in another published case extraction was carried out through rigid bronchoscopy, using a foreign body forceps and basket, and in another, the patient did not require any invasive recovery procedure, as with our case. Our patient did not present with the classic symptoms of acute aspiration or any symptom of respiratory distress.

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Some patients, especially older adults or patients with neurologic diseases, may experience the sensation of a foreign body in the chest after swallowing the capsule, without their actually having aspirated it.\(^7\)

We should be aware of the complications that may arise and how to manage them. In addition, every study should be done in real time, because it is a useful study tool that evaluates the passage of the capsule endoscope into the digestive tract, aiding us in knowing where it is located. We have performed over 200 studies without having a complication of this type. We should thoroughly question the patient, emphasizing swallowing disorders, and if there are any, carry out complementary imaging studies before the capsule endoscope is swallowed. In the presence of a swallowing disorder, the capsule endoscope should be guided by endoscopy to avoid this complication.

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References


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