

Evidence Discussion (CAPEND 4)

Video capsule endoscopy (CE)

In 2017 the AGA published the Clinical Guidelines for the use of Video Capsule Endoscopy³ and specifically addresses the use of CE for polyposis syndromes. It states that in patients with polyposis syndromes who require small bowel studies, CE be performed for ongoing surveillance. Intervals were not specified and the recommendation was conditional. In addition to Familial Adenomatous Polyposis (FAP) and PFS, they included other hamartomatous polyposis syndromes including PTEN associated disorders, Familial Juvenile Polyposis and Cronkite-Canada Syndrome. CE was superior to endoscopy for detection of duodenal polyps. CE detected greater numbers of smaller jejunal-ileal polyps than other imaging modalities including radiology and MRI enterography with similar detection rates to device assisted enteroscopy in patients with FAP and PSJ. The AGA stressed the value of surveillance especially in patients with PJS who are at the highest risk for bleeding and intussusception related to small bowel polyps

References

1. Cheung DY, et al. The usefulness of capsule endoscopy for small bowel tumors. *Clin Endosc.* 2016;49:21-25.
2. Awadie H, et al. The prevalence of small bowel polyps on video capsule endoscopy in patients with sporadic duodenal or ampullary adenomas. *GIE.* 2021;93:630-633.
3. Enns RA, et al. AGA Clinical Practice Guidelines for the use of video capsule endoscopy. *Gastro.* 2017;152:497-514.