LETTER TO THE EDITOR

On the usefulness of small bowel capsule endoscopy in Crohn’s disease

KEYWORDS
Small bowel endoscopy capsule; Crohn’s disease; Diagnosis

Dear Sir,

We read with great interest the study by Petruzziello C. et al., entitled "Small bowel capsule endoscopy versus conventional techniques in patients with symptoms highly compatible with Crohn’s Disease" 1. This study enrolled 30 patients with suspected Crohn’s Disease (CD), in whom conventional techniques had been nondiagnostic. Small bowel capsule endoscopy (SBCE) detected lesions compatible with CD in almost one third of those patients. The results from this study support the role of SBCE in the detection of superficial small bowel lesions missed by conventional procedures, which can be useful to establish the diagnosis in patients with a clinical presentation that is highly suggestive of CD.

Several indices have been developed for the classification of SBCE lesions, with the purpose of overcoming some limitations, such as the lack of specificity of endoscopic findings, suboptimal interobserver agreement and lack of tissue sampling, which may increase the risk of inaccurate diagnoses. While neither system has gained general acceptance, the Lewis Score (LS) 2 has been integrated into the latest software from the PillCam® (Given®, RAPID Reader®), making it more accessible. The LS grades small bowel inflammatory activity through a rank of severity, and it is our belief that it can be a valuable tool to assist in the interpretation of SBCE lesions and to guide decisions towards a more early and accurate diagnosis. In our practice, we routinely use the LS to assess the degree of inflammation in patients with suspected CD submitted to SBCE. Similarly to the study by Petruzziello C. et al., we conducted a study (Unpublished data) which included 56 patients with suspected CD, where upper and lower endoscopy, as well as conventional small bowel imaging, had been nondiagnostic. SBCE detected significant inflammatory activity (LS ≥ 135) in 23 of those patients (41%). After follow-up (minimum 6 months), the diagnosis of CD was established much more frequently in patients who had significant inflammatory activity on SBCE (82.6%), versus those who had a LS<135 (12,1%). However, it must be emphasized that the LS grades small bowel inflammation despite of its aetiology, thus it must be interpreted with some criticism, regarding the clinical context of each individual patient.

The International Conference on Capsule Endoscopy (ICCE) recommended that patients with suspected CD presenting with suggestive symptoms plus either extra-intestinal manifestations, inflammatory markers, or abnormal imaging studies, should be selected to undergo SBCE 3. In fact, also in our study, patients who did not fulfill ICCE criteria had significantly lower small bowel inflammation on SBCE, with lower LS, and fewer were diagnosed CD during follow-up. These results are consistent with the observation by Petruzziello C. et al., that the worldwide use of SBCE in unselected patients should be discouraged.

References


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