Comparison of magnetic resonance enterography and video capsule endoscopy in established Crohn’s disease and or suspected small bowel Crohn’s disease

Amnah Alhanaee, Gafer Elsafi, Muhammad Farman, Lillian Barry, Jane McCarthy and Martin Buckley
Mercy University Hospital, Ireland

Background: With the beginning of 21st century, the development of Wireless Video Capsule (WVC) caused a breakthrough in the intraluminal visualization of the entire small bowel in a well-tolerated and non-invasive way. It has enhanced the diagnostic gap between conventional gastroscopy and colonoscopy.

Aim: To compare MRE and WVC in detecting small bowel involvement in previously diagnosed CD and or suspected small bowel CD.

Methodology: An observational cohort study conducted in Mercy University Hospital from January 2016 until August 2017. The recruited patients were patients referred for WVC with either established CD and/or suspected small bowel CD. All cases referred with suggestive clinical symptoms such as (diarrhea, abdominal pain, weight loss and iron deficiency anemia) and biochemical signs of systemic inflammation (raised CRP/fecal calprotectin). A standardized work-up including blood and stool samples, gastroscopy, ileocolonoscopy and MRE were performed to all included patients. WVC performed in patients with no stenosis detected on ileocolonoscopy and MRE. Exclusion criteria were patient who had no MRE in 2016.

Results: Total of 20 patients were recruited-13 female, aged 19-74 years (mean age-44). Of the 20 patients, 8 patients were established IBD and 12 patients with suspicion of small bowel CD. Out of 12 patients with suspected small bowel CD, only 8 patients had small bowel pathology detected radiologically. 4 patients (50%) had positive WVC, one patient (12.5%) had positive MRE and 3 patients (37.5%) had positive WCV and MRE. In all IBD patients, small bowel pathology detected with WCV (100%). 2 out of 8 patients with IBD (25%), small bowel pathologies detected in both MRE and WVC.

Conclusion: Small bowel imaging is an essential component in diagnosing, monitoring and treating small bowel CD and suspected small bowel pathology. Both MRE and WCV are complementary methods for small bowel CD. VCE is more capable of detecting limited mucosal lesions that may be missed by MRE.

Biography
Amnah Alhanaee is a Gastroenterology Registrar with Dr. Martin Buckley, Mercy University Hospital, Ireland.

amnahalhanaee@gmail.com

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