Small-bowel ulcerations at wireless capsule endoscopy: go the whole way

Robin Spiller, Editor

Clinical presentation

A 22-year-old woman was referred to our hospital for abdominal pain, diarrhoea and weight loss. The patient had no history of surgery or illness. On physical examination, the abdomen was soft and no mass was palpable. Laboratory tests revealed an inflammatory syndrome with increased C reactive protein (36 mg/l) and presence of anti-saccharomyces cerevisiae antibodies at a significant level of 40 units ($n < 10$). No pathological findings were found on upper gastrointestinal endoscopy and colonoscopy with biopsy specimens; small-bowel follow-through was normal. Wireless capsule endoscopy (WCE) of the small bowel revealed ulcerations that were considered as diagnostic for Crohn's disease (CD) (fig 1).

The patient was unsuccessfully treated with steroids while azathioprine was started. Three months later, no symptomatic improvement was observed. Two infusions of infliximab were then administered, but abdominal pain persisted. Surgical exploration of the abdomen by laparoscopy displayed no macroscopic features of CD.

Question:

What further investigation would you suggest?

See page 1164 for answer

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Figure 1 Linear ulceration on wireless capsule endoscopy (WCE).

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doi: 10.1136/gut.2006.097733