

Case Study #5

Patient, indication: A 51-year-old female patient presented without symptoms. Due to her age she signed up for a full study.

History: no known chronic disease other than NIDDM, has had an appendectomy 30 years ago, and a history of Sectio caesarea

Intervention:

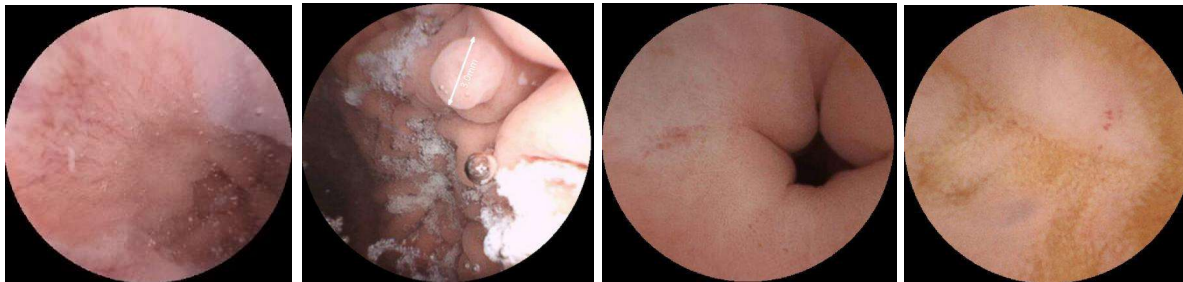
- H. pylori bacterial test was ordered
- Magnetically Controlled Video Capsule Endoscopy (MCCE) of the stomach and small intestine
- Colonoscopy were also performed at the same day

Findings:

H. pylori test was negative. The stomach was clean and completely visualized.

We found esophagitis LA-A, fundus gland hyperplasia in the corpus, minor signs of antrum gastritis in the stomach. In the small intestine we found lymphangiectasia muc. duod and some angiodysplasias. The small intestine was clean and completely visualized.

No organic abnormalities other than stage II internal hemorrhagic nodules were found during colonoscopy.



Erosion above Z-line

3mm foveolar hyperplasia
in the stomach

Small erosion close to the
pylorus

Angiodysplasia in the small
intestine

Outcome:

This patient was diagnosed with reflux esophagitis LA-A and mild gastritis. Due to reflux and small abrasions in the stomach, we recommended that the patient takes 40 mg of Esomeprazole daily for 3 months and then 20 mg daily for 1 month. The fundus gland hyperplasia seen in the stomach and tiny lymphatic dilatations seen in the small intestine and vasodilatations (lymphangiectasia, angiodysplasia) do not cause a complaint and do not require action.

No additional information or follow up is available.

Patient feedback / acceptance: n.a.

Conclusion / lessons learnt: MCCE turned out to be a patient-friendly additional method to visualize the mucosa of the upper GI and small intestine.

By courtesy of: Dr. Adam Finta, Endo-Kapszula Health Centre and Endoscopy Unit, Szekesfehervar, Hungary