

Assisted Capsule Endoscopy

AdvanCE™ Case Report Series • Report 1



“The scope was introduced and the capsule in the delivery device was passed through the pyloric channel into the third portion of the duodenum to deliver the capsule.

The capsule was deployed without any difficulty.”

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Procedure

- EGD with video capsule placement

Indications

- Iron deficiency anemia
- Gastroparesis

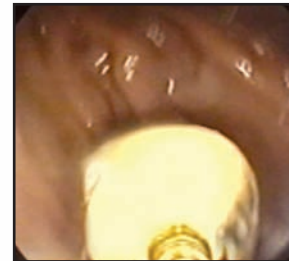
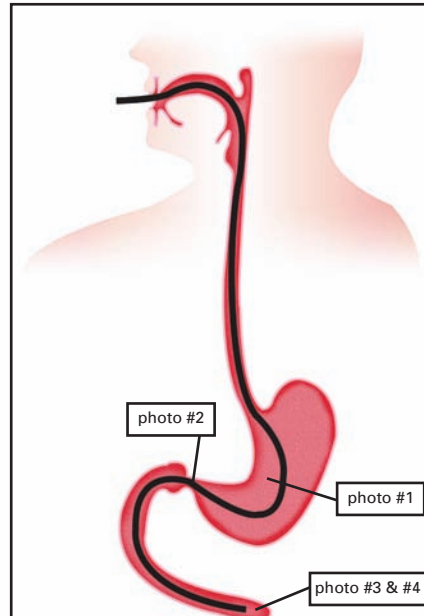
Findings

A large hiatus hernia was found. The proximal extent of the gastric folds (end of tubular esophagus) was 31cm from the incisors. The hiatal narrowing was 40cm from the incisors. At the level of the diaphragmatic pinch there were multiple areas of linear erythema, some having small linear erosions consistent with Cameron's ulcers. There was no evidence of active bleeding.

Remainder of stomach and proximal small intestine were grossly within normal limits.

Assisted Capsule Endoscopy

After completing the upper endoscopy, the stomach was decompressed and the endoscope was removed. The AdvanCE™ capsule endoscopy delivery device was inserted through the biopsy channel, its capsule cup holder was attached, and the video capsule was clicked into place within the cup. The scope was reintroduced with the capsule in the delivery device, and was advanced through the pylorus into the duodenal bulb. The PillCam™ SB video capsule was deployed into the third portion of the duodenum without any difficulty.



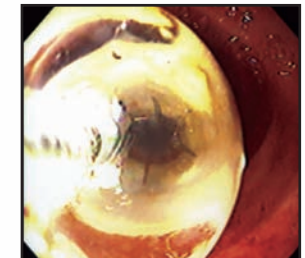
1. Pre-deployment of capsule in stomach



2. Pre-deployment of capsule passing through the pyloric channel



3. Pre-deployment of capsule in 3rd portion of duodenum



4. Capsule deployed in 3rd portion of duodenum



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