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 endoscope 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.

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This case report is not intended to provide device or clinical instruction or intended to be a substitute for the Instructions For Use (IFU) packaged with the device. Please consult the IFU prior to using the AdvanCE™ capsule endoscope delivery device.

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