1130-0108/2009/101/5/355-356
Revista Española de Enfermedades Digestivas

Rev Esp Enferm Dig (Madrid)
Vol. 101. N.° 5, pp. 355-356, 2009

# Hiatal hernia and lesions of gastroesophageal reflux disease diagnosed by capsule endoscopy

E. Borobio, I. Fernández-Urién, I. Elizalde and F. J. Jiménez Pérez

*Department of Gastroenterology. Hospital de Navarra. Pamplona, Spain*

## CASE REPORT

We report the case of a 73-year-old woman with a personal history of unilateral nephrectomy secondary to lithiasis, hypertension, and hypercholesterolemia, currently treated with simvastatin (20 mg/day), acetylsalicylic acid (100 mg/day) and proton pump inhibitors (20 mg/day), who presented with iron deficiency anemia (hemoglobin: 9.8 mg/dL, MCV: 83.1 fL, iron: 29 μg/dL). Our patient reported no gastroesophageal symptoms, bowel disorders, or pathological findings in her stools. The only symptom was mild asthenia. Physical exploration was normal. An esophago-gastro-duodenoscopy was performed with no endoscopic findings. Biopsies from the antrum showed mild superficial gastritis, and no anomalies were detected in the duodenum. A mild melanosis coli, 2 small polyps that were coagulated, and diverticula in the sigmoid colon were found during colonoscopy. Finally, in order to complete the study, a capsule endoscopy was performed and, surprisingly, a hiatal hernia was visualized (Fig. 1) with associated grade I-IV peptic esophagitis (Fig. 2), with no other potential bleeding lesions in the small bowel. The patient received treatment with anti-reflux measurements and proton pump inhibitors. Three months later, laboratory tests were normal. The incidence of lesions (theoretically accessible to conventional upper endoscopy) during capsule endoscopy is still unknown and poorly investigated. However, the existence of cases similar to the one reported herein shows that they are not rare, as can be seen in the literature (1-4). This means that, in spite of not being a priority for this exploration, pictures taken along the esophagus, stomach, and colon must be carefully checked by the endoscopist.

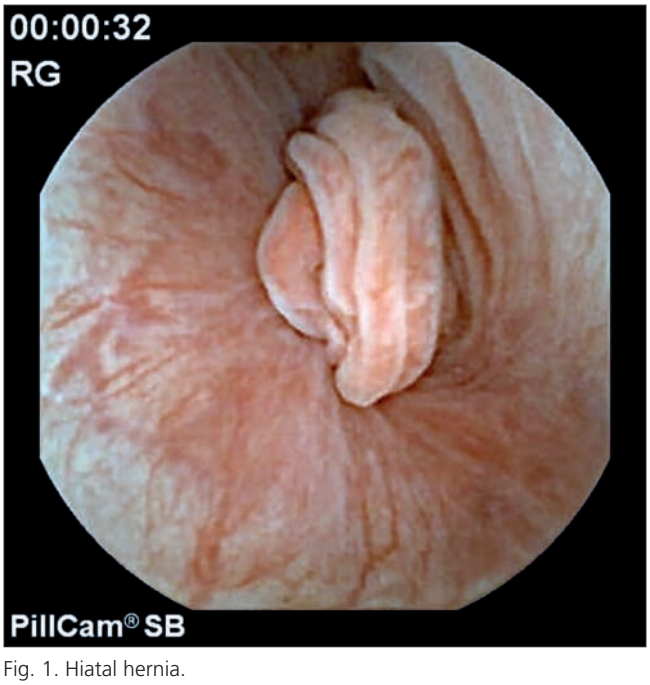


Fig. 1. Hiatal hernia.
*Hernia hiatal.*

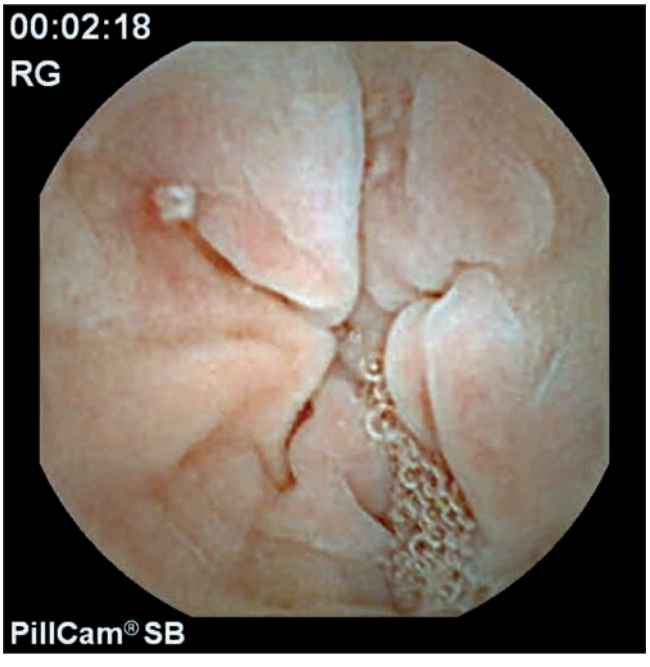


Fig. 2. Peptic grade I/IV esophagitis.
*Esofagitis péptica grado I-IV.*

## REFERENCES

1. Kitiyakara T, Selby W. Non-small-bowel lesions detected by capsule endoscopy in patients with obscure GI bleeding. Gastrointest Endosc 2005; 62: 234-8.
2. Schafer C, Goke B. Do we underestimate capsule endoscopy in the upper gastrointestinal tract? Digestion 2005; 72: 239-41.
3. Sidhu R, Sanders DS, McAlindon ME. Does capsule endoscopy recognise gastric antral vascular ectasia more frequently than conventional endoscopy? J Gastrointestin Liver Dis 2006; 15: 375-7.
4. Riccioni ME, Shah S, Urgesi R, Costamagna G. Case report: a lesson in capsule endoscopy. Hepatogastroenterology 2008; 55: 1006-7.