

Letters to the Editor

Symptomatic retention of the Agile® patency capsule

Key words: Capsule endoscopy. Small bowel obstruction. Small bowel strictures.

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Dear Editor,

The Agile® capsule has shown to be useful when evaluating the patency of the small bowel (SB) in patients prior to capsule endoscopy (CE) studies (1,2). It is a safe tool and low rates of complications have been reported, highlighting symptomatic retention (3).

Case report

In a 34-year-old female patient previously diagnosed with colonic Crohn's disease, SB involvement was suspected and a CE study was indicated. A stenosis was also suspected because of her symptoms, thus we decided to evaluate the patency of the SB with an Agile® capsule. After 30 hours she presented with sudden abdominal pain, distension and vomiting. A computed tomography was performed, showing a SB obstruction secondary to impaction of the Agile® capsule, with dilated proximal loops and bowel wall thickening (Fig. 1). Her symptoms were easily controlled with analgesia and a nasogastric tube but urgent surgery was performed because of the radiological findings. An ileal stenosis was found, associated with mild edema of the proximal loops but not with dilation of these. The affected segment was resected but the capsule was not found.

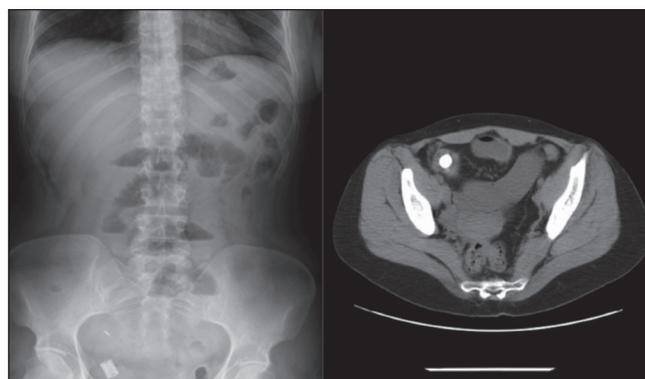


Fig. 1. Radiologic explorations in which a small bowel obstruction was observed, secondary to the retention of a hyperdense foreign body (patency capsule).

Discussion

Symptomatic retention of the Agile® capsule is the most frequently described complication of this device, although reports in the literature are scarce (3) and it is only observed in 1.2% of the procedures (4). The capsule can be retained in a stenosis and cause obstructive symptoms, which are mainly transitory. In most cases these symptoms are acute but resolve spontaneously as the capsule dissolves and passes through the stenosis or completely disintegrates. In some patients steroids may be required but the need for surgery is exceptional (1,4).

It is important to know the characteristics of these devices, both in CE as well as the Agile® capsule, and the appropriate management of their complications (5). In our patient a better understanding of these circumstances would have prevented urgent surgery as she could have been a good candidate for further radiologic explorations after conservative treatment.

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