

# BRAVO CAPSULE ASPIRATION

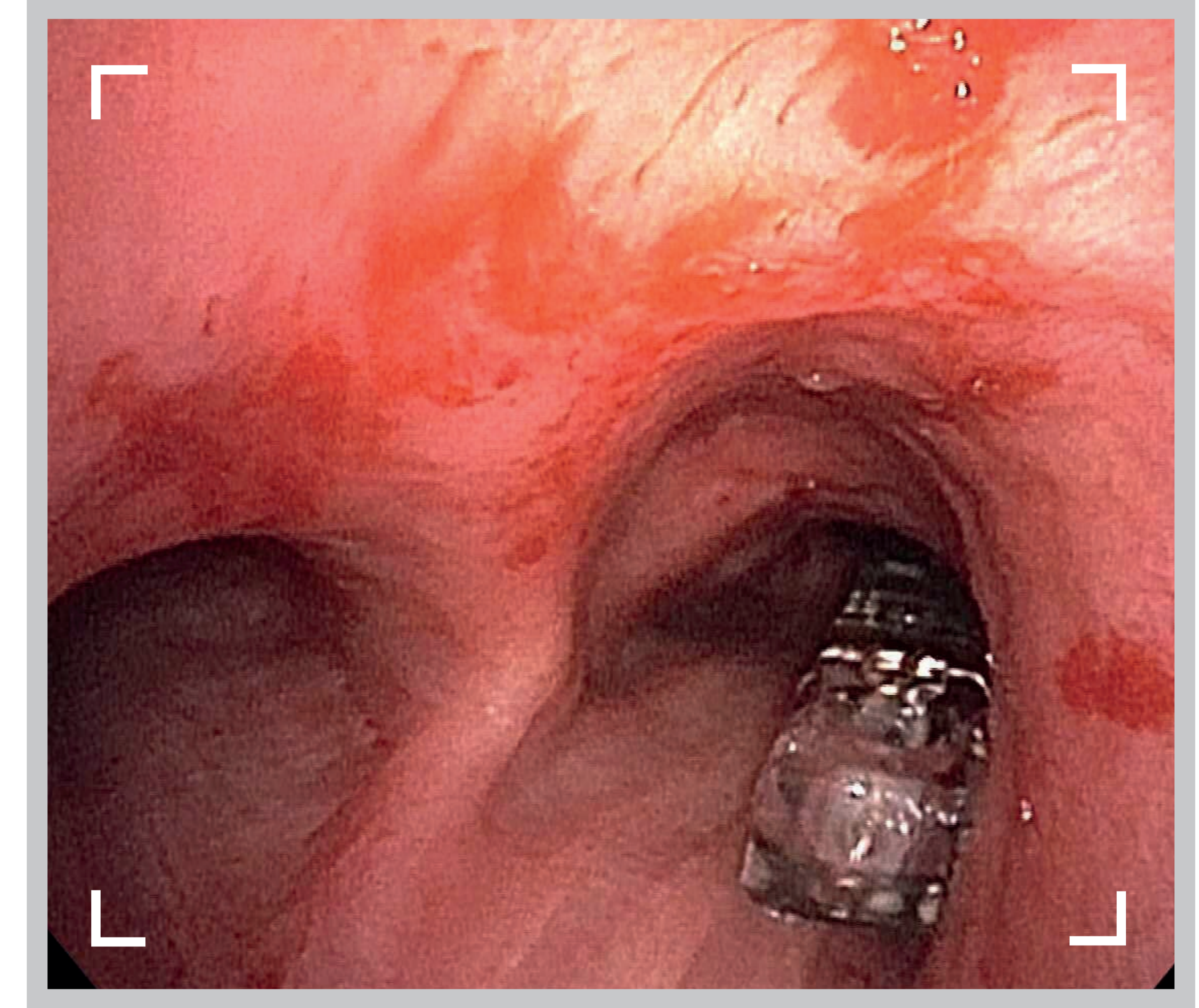
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**1** A 72-year-old man comes for EGD with Bravo™ placement due to persistent GERD despite appropriate therapy.



**3** Due to suspicion of dislodgement, a chest x-ray was performed.



**4** The patient was admitted to the hospital, Bronchoscopy was performed with successful extraction of Bravo.



**2** The device was placed with visual confirmation; however, the patient had severe a coughing fit. Repeat EGD was performed and no Bravo™ was seen in esophagus, stomach, or duodenum

## LEARNING POINTS

- BRAVO aspiration is an unusual complication (<1% of complications). As described by other authors, the hallmark preceding event to the dislocation was heavy cough.
- As a general rule, a patent airway and good oxygenation must be maintained.
- The initial diagnostic evaluation includes obtaining a PA and lateral chest X-ray. Once located, bronchoscopic tools are the mainstay for the removal of the capsule.

## REFERENCES

1. von Renteln D, Kayser T, Riecken B, Caca K. An unusual case of Bravo capsule aspiration. Endoscopy. 2008 Sep;40 Suppl 2:E174.
2. de Hoyos A, Esparza EA. Technical problems produced by the Bravo pH test in nonerosive reflux disease patients. World J Gastroenterol. 2010 Jul;16(25):3183–6.



**5** After 24 hours observation the patient did not have any symptoms or signs of aspiration pneumonitis and was discharged home.

## CONTACT INFORMATION

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