

Introduction

- Video capsule endoscopy is performed on a routine basis and is known to be very safe. The most common complication is capsule retention which occurs when the video capsule fails to reach the colon within its recording time.
- We present a rare case of video capsule aspiration requiring bronchoscopy for removal.

Case Description

- 83-year-old male with past medical history of coronary artery disease and lacunar infarct presented with melena and iron deficiency anemia.
- He underwent an EGD and colonoscopy and no source of bleeding was identified.
- Further evaluation with video capsule endoscopy was planned to evaluate the small bowel. The capsule was swallowed with water in the presence of trained staff and no coughing was noted.

Case Description

- The following day uploaded film showed the capsule did not make it to the stomach and likely was in the patient's airway (figure 1). Aspiration of the video capsule was confirmed on chest x-ray (figure 2).
- The patient remained asymptomatic since swallowing the capsule and had tolerated drinking fluids and eating.
- Bronchoscopy was performed and the video capsule was seen lodged in the right main bronchus. A loop snare was used to successfully remove the video capsule without any complications. The patient's bleeding stopped, and the decision was made to defer repeat capsule



Figure 1

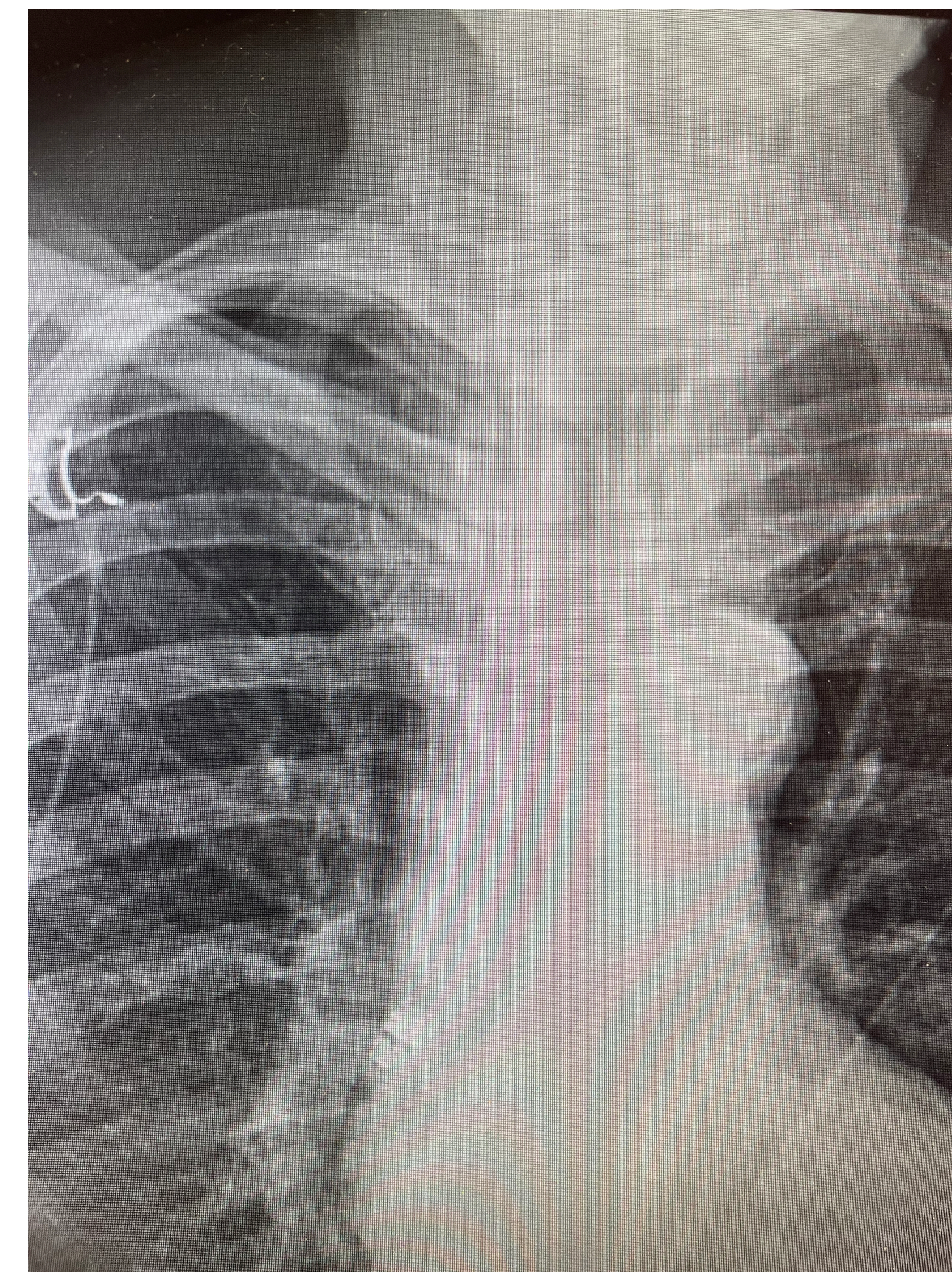


Figure 2



Discussion

- Video capsule aspiration is an extremely rare complication of video capsule endoscopy and is estimated to occur at a rate of only 0.1%. We believe our patient's stroke history likely played a role in his asymptomatic presentation after aspiration.
- This case illustrates the importance of considering endoscopic placement of the video capsule for patients at risk for retention or aspiration.

References

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