Spontaneous resolution of capsule endoscope retention in a normal small bowel after 2.5 years

Fig. 1 Video capsule endoscopy showing normal small-bowel mucosa at the site of capsule retention.

Fig. 2 Plain abdominal radiograph showing the retained capsule but no findings indicative of obstruction.

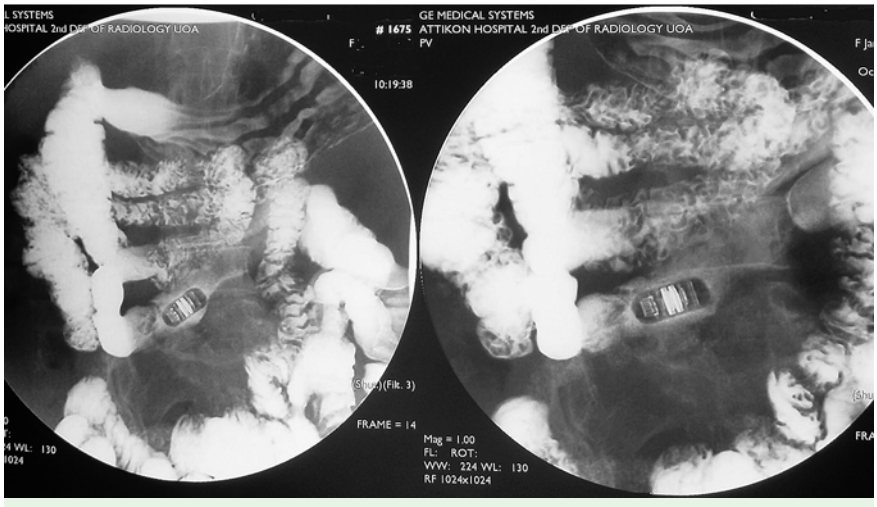

Fig. 3 Small-bowel follow-through showing the retained capsule but no other small-bowel pathology.

Capsule retention, defined as retention of a capsule endoscope in the digestive tract for a minimum of 2 weeks, is a major concern in patients undergoing video capsule endoscopy [1]. We report the first case of retention of a video capsule in the small bowel due to no apparent cause, which resolved spontaneously 2.5 years later without major consequences.

A 74-year-old woman with history of hysterectomy and pelvis irradiation presented with recurrent iron deficiency anemia. Abdomen plain film, gastroscopy, colonoscopy, and abdomen computed tomography (CT) scan showed no pathology. After 2 days of ingestion of a patency capsule that freely passed through the small and the large bowels in 30 hours, the patient underwent video capsule endoscopy (M2A capsule, Given Imaging, Yokneam, Israel). Examination revealed a stagnant capsule in the small bowel, with no mucosal abnormality (**Fig. 1**).

Capsule retention was confirmed by plain abdominal radiography (**Fig. 2**) at 48 hours and at 18 days after ingestion of the capsule.

A barium follow-through did not reveal any pathology (**Fig. 3**) apart from the retained capsule.

The patient was asymptomatic and discharged with instructions to undergo an abdominal plain radiographic examination every 3 months. At 1 year, the patient had intestinal obstruction. A computed tomography (CT) scan and plain abdominal radiograph confirmed ileus and the presence of the capsule in the small bowel. However, the patient's symptoms resolved within 3 days. She continued to undergo regular radiology examinations, and 2.5 years after ingestion of the capsule, passage of the capsule was noted.

In conclusion, capsule retention in the small bowel may occur in the absence of an apparent cause. No investigation, even the use of the patency capsule [2], can replace clinical judgment to prevent retention of the capsule [3]. However, the course of capsule retention is usually be-

nign and the absence of strictures, or at least the presence of a patent small-bowel lumen [4], may be predictive of spontaneous egestion of the retained capsule.

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