Capsule endoscopy is a common method for the investigation of obscure gastrointestinal bleeding. Despite the reduced risk of complications, capsule retention is the most frequent complication, occurring in 1%–3% of cases [1].

A 64-year-old woman, obese and hypertensive, with indeterminate colitis in remission for several years, presented to the emergency department with hematochezia. She reported a history of recent surgery to varicose veins of the lower limbs and post-operative treatment with diclofenac. On physical examination, she appeared pale; the rest of the examination was unremarkable except for a reducible incoercible umbilical hernia. Analytically, the patient presented hemoglobin of 5.6 g/dL (12–16 g/dL).

Upper endoscopy and colonoscopy showed no lesions, and the patient was admitted for investigation. The computed tomography (CT) enteroclysis was normal except for an umbilical hernia with a bowel loop within, without signs of strangulation (Fig. 1).

Capsule endoscopy (PillCam SB 2; Given Imaging, Yoqneam, Israel) was then performed; it showed no changes in the mucosa up to the jejunum, where after 1 hour and 20 minutes the capsule remained stagnant until the end of the battery’s life (Fig. 2).

The patient remained asymptomatic. A small-bowel radiograph with water-soluble contrast showed the capsule retained...
in the umbilical hernia and ruled out stenosis or signs of small-bowel obstruction (Fig. 3).

After 16 days of capsule retention, a hernioplasty was performed and the capsule was spontaneously expelled afterwards. Retention of an endoscopic capsule is a rare complication. There are a few case reports of capsule retention in different types of digestive diverticulum [2–4] but, to the best of our knowledge, this is the first case of capsule retention in an umbilical hernia. Current recommendations do not consider these entities as contraindications for capsule endoscopy [5], but the gastroenterologist should keep in mind the potentially increased risk of capsule retention.

F. Ferreira, P. Bastos, H. Cardoso, A. C. R. Nunes, G. Macedo
Gastroenterology Department, Hospital S. João and Faculty of Medicine, Porto, Portugal

References


Corresponding author
F. Ferreira
Hospital de São João – Serviço de Gastroenterologia Alameda Professor Hernâni Monteiro 4200-319 Porto Portugal
Fax: +351-22-5507742
fredericoferreira2@hotmail.com