

The use of video capsule ileoscopy in pediatric patients is becoming more common. The technique has been used in cases of obscure small-bowel bleeding, polyposis, Crohn's disease, and, occasionally, to investigate the anatomical anomalies of the gastrointestinal tract that are typically encountered in this age group [1,2].

We report here the case of a 15-year-old patient with symptoms characteristic of intestinal bleeding and severe anemia, who required repeated transfusions. The hematocritical parameters (erythrocyte sedimentation rate, CRP (c-reactive protein), antineutrophil cytoplasmic antibodies, anti-*Saccharomyces cerevisiae* antibodies (ASCA), antiendomysium antibodies, and the transglutaminases), and esophagogastroduodenoscopy and colonoscopy examinations, including histology, were normal.

Suspecting a Meckel's diverticulum, a scintigraphic evaluation was performed, which showed an accumulation of tracer in the gastric area, anomalously located at the level of the hypochondrium on the right side. Video capsule endoscopy revealed a small umbilicated mass projecting into the lumen at the level of the mid-ileum (Figure 1). At surgery, the young patient was found to have intestinal duplication associated with intestinal malrotation (Figure 2), and the diagnosis was subsequently confirmed histologically (Figure 3).

Ileoscopy using a video capsule is a well-known technique for the investigation of adult patients, but it can also be used in the pediatric age group. It is a very useful tool for the diagnosis of jejuno-ileal disease (e.g. polyposis, Crohn's disease, Meckel's diverticulum) due to its high sensitivity and specificity in comparison with traditional radiological techniques. A uniform iconography should be adopted for a better endoscopic definition of these diseases, which, though rare, can be clear-



Figure 1 A video capsule image showing an umbilicated mass projecting into the lumen at the level of the mid-ileum.

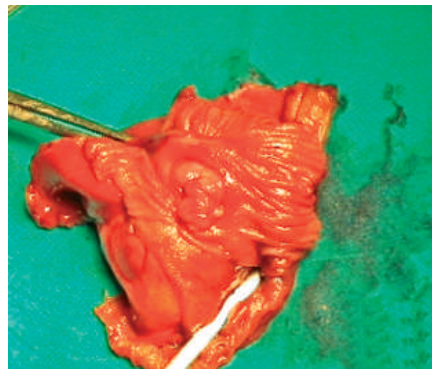


Figure 2 The surgical specimen, showing an intestinal duplication. The communication between the intestinal lumen and the duplication is clearly visible.

ly detected using the video capsule technique [3].

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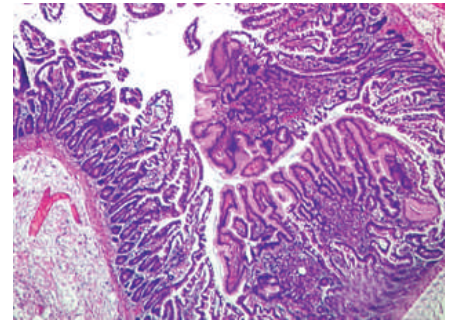


Figure 3 Histological view showing intestinal mucosa, with typical villi, on the left-hand side, and gastric mucosa on the right.

References

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