The Utility of Capsule Endoscopy for the Diagnosis and Management of Crohn’s Disease in Patients Referred to Tertiary Inflammatory Bowel Disease (IBD) Center

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Introduction: Diagnosis of Crohn’s disease (CD) involving the small bowel can be challenging. The introduction of video capsule endoscopy (VCE) has facilitated identification of small bowel mucosal changes not visible with other traditional endoscopic or radiographic imaging modalities thus may help in the diagnosis of CD. The aim of our study was to evaluate the impact of VCE on the diagnosis and management of known and suspected CD in patients referred to a large tertiary center over the period of 5 years.

Methods: A retrospective analysis of VCE database was performed at our tertiary center over the 5 years period. Medical records were reviewed for 176 consecutive patients referred for evaluation of suspected CD or known IBD (CD or ulcerative colitis (UC) from February 2009 to June 2014.

Results: A total of 844 patients (pts) underwent VCE of whom 176 (21%) had suspected CD or known IBD and had completed VCE. Of these 176 patients 33 (18%) were known to have a prior diagnosis of inflammatory bowel disease including 17 patients with UC and 16 patients with CD. A total of 143 pts were suspected of having CD based on the International Conference on CE (ICCE) criteria. The overall mean age was 42, SD=14.9 and overall 119 pts were females (67%). Patients had symptoms for duration of 4.1yr SD 6.6. VCE findings of multiple small bowel ulcerations, erosions, stenosis, edema confirmed by endoscopy with biopsies lead to a new diagnosis of CD in 11 patients (10 pts of the 143 with suspected CD and 1 patient from the 17 pts with UC who had a change of diagnosis to CD in view of VCE findings resulting in a change of treatment to methotrexate therapy. In the group of 16 pts with a prior diagnosis of CD evaluated for therapy response, only 5 had active disease based on VCE results requiring further changes of therapy and initiation and continuation of azathioprine (2 pts as well as holding therapy and reconsidering other entities such as celiac disease based on the follow up enteroscopy with biopsy results suggestive highly of celiac disease in one case. Among pts with known CD, 3 pts were found to have no CD based on negative VCE findings which led to further endoscopic re-evaluation. In these patients prior SB findings were contributed to resolved infections.

Conclusion: Capsule endoscopy remains a useful tool not only to diagnose new IBD cases but also to re-evaluate and optimize treatments among patient with already established IBD disease.

IBD, I Barely Discern: A Comparative Analysis of Online Patient Education Resources Relating to Inflammatory Bowel Disease

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Introduction: Almost 50% of patients leave the doctor’s office with a poor understanding of their diagnosis and nearly 40-60% of adult Americans rely on the Internet for health care information. The National Institute of Health and American Medical Association recommend that the readability level of patient education materials be written at or below the 6th grade level to be effectively understood by the American public. With Ulcerative colitis and Crohn’s Disease having an estimated incidence rate of 2.2 to 14.6 cases per 100,000 person years, they constitute a substantial patient cohort. Here we report a comparative analysis of patient-centered text pertaining to IBD from 8 websites.

Methods: In May 2015, patient education related text for Ulcerative Colitis (UC) and Crohn’s disease (CD) were downloaded from American College of Gastroenterology (ACG), Crohns & Colitis Foundation of America (CCFA), Mayo Clinic, National Institute of Diabetes, Digestive & Kidney Diseases (NIDDK), Uptodate & WebMD were downloaded and processed in Microsoft Word. All data were formatted and separated into various categories. Bias from medical terms was minimized by removal of such text. Text was then analyzed for their specific level of readability using 6 quantitative scales: Flesch Reading Ease, Flesch–Kincaid, Gunning Fog index, SMOG, Coleman–Liau index and New Dale–Chall.

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