Trials Show Capsule Endoscopy Can Diagnose Celiac Disease

BY KATHLEEN LOUDEN Contributing Writer

CHICAGO — Video capsule endoscopy appears to equal duodenal histology in detecting villous atrophy in patients with celiac disease, the most common food intolerance in the Western Hemisphere. Liesbeth Spaenij-Dekking of Leiden (the Netherlands) University Medical Center, Erlangen-Nuremberg, Germany.

His study, a prospective, blinded European trial, compared video capsule endoscopy with the gold standard — upper GI endoscopy and duodenal biopsy — in 60 patients with diagnosed celiac disease.

The other study, directed by Roberto de Franchis, M.D., from the University of Milan (Italy), compared capsule endoscopy with upper GI endoscopy in 25 patients suspected of having the gluten-sensitive enteropathy.

In the first pilot study, the patients either had persistent symptoms despite more than a year of a strict gluten-free diet (44 patients) or were newly diagnosed and were not yet on a gluten-free diet (16 controls).

A dietitian verified that patients had complied with the gluten-free diet.

Two blinded reviewers interpret-ed the available results for 43 of the 44 patients.

Dr. Krauss said he and his colleagues found a good correlation between the two imaging techniques in both groups.

With video capsule endoscopy, all untreated controls showed typical villous atrophy and mucosal alterations, which involved the whole small intestine in three controls. Of the 43 patients, 34 had mucosal alterations evident on the video, 2 of whom had the entire small intestine affected.

During the video recording, two patients did not show a sufficient view and in the other, the capsule did not reach the duodenum.

In addition, the new device detected ulcers in 23% of the patients with celiac disease.

“We saw many more pathologies with capsule endoscopy,” Dr. Krauss said. “I think capsule endoscopy is very important in those patients who have symptoms on a gluten-free diet.”

Dr. de Franchis reported that the aim of his study was to evaluate the potential of video capsule endoscopy, compared with conventional upper endoscopy, in detecting villous atrophy in patients with suspected celiac disease.

“Whereas the conventional method showed villous atrophy in 18 of the 25 patients, capsule endoscopy found the abnormality in those plus an additional four,” he said.

The sensitivity and specificity of capsule endoscopy were 95% and 86%, respectively. Dr. de Franchis reported that the investigators did not use capsule endoscopy to test for conditions similar to celiac disease.

“PillCam endoscopy appears to be equivalent to duodenal histology in determination of villous atrophy in patients with celiac disease,” Dr. de Franchis said.

Dr. Krauss added that video capsule endoscopy should be used as the first-line evaluation in patients with confirmed celiac disease that have proved to be nonresponsive to a gluten-free diet, to exclude lymphoma, and to delineate the expan-sion of mucosal alterations.

Cortelizumab for Crohn’s Disease

Cortelizumab pegol (CDP870), a polyethylene glycolated Fab’ fragment of a humanized anti-tumor necrosis factor-α monoclonal antibody, may be effective at a 400-mg subcutaneous dose and is well tolerated in patients with moderate to se-vere Crohn’s disease, a placebo-controlled, phase II study showed.

Stefan Schreiber of the Hospital for General Internal Medicine and the Institute for Clinical Molecular Biology, Chris-tian-Albrechts University, Kiel, Germany, and his colleagues conducted an interna-tional study of 292 patients at 58 centers in 10 countries. The researchers conclu-ded that, while ongoing phase III studies are necessary to confirm their finding of clinical efficacy, the treatment had no un-toxic effects according to serial hematologic and biochemical measurements (Gastroenterology 2005;129:807-18).

However, the results were somewhat compromised by high placebo response rates in a patient subgroup with low C-re-active protein (CRP) levels. In a nested ed-i-torial, the role of CRP levels was empha-sized as potentially helping physicians to improve treatment of patients in routine clinical care. With increasing develop-ment of expensive, and potentially toxic, therapies, we need to optimize the bene-fit-to-risk profile of our therapies,” noted James D. Lewis of the University of Penn-sylvania, Philadelphia (Gastroenterology 2005;129:1114-6).

Treating Bleeding Peptic Ulcer

According to a metaanalysis of random-ized controlled trials comparing endo-scopic and medical interventions for bleed-ing peptic ulcer with adherent clot, the two are comparable in terms of need for surgical intervention, length of hospital stay, transfusion requirement, and mor-tality, but endoscopic therapy is superior for preventing recurrent hemorrhage.

Charles J. Kahi of Indiana University Medical Center, and Roudbehsh V. Affairs Medical Center, Indianapolis, and his colleagues identified six studies includ-ing 240 patients, of whom 61 underwent endoscopic clot removal and treatment with thermal energy, 9 with electrocoagination, and/or injection of sclerosant. Another 85 patients received medical therapy including transfusions as needed, monitoring in the intensive care unit if indicated, and acid suppression. Esophageal ulcers and a proton pump inhibitor (Gastroenterology 2005;129:855-62).

The metaanalysis showed that bleding oc-curred in 10% of capsule therapy patients (8.2%) versus 21 of the 85 (24.7%) medical therapy patients.

—Randy Frey

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BY BETSY BATES Los Angeles Bureau

SAN DIEGO — The prevalence of gastro-esophageal reflux disease in patients with type 2 diabetes is more than twice what is seen in the normal adult popula-tion, and appears to be es-pecially high in patients with diabetic neuropathy. Khushbu Chandrarana, M.D., and her associates conducted a prospective study of 150 patients aged 18 to 82 years with type 2 diabetes.

The participants had not been diagnosed with other conditions, such as angina, that might ex-plain gastrointestinal reflux disease (GERD)-type symptoms.

Patients with a GERD di-anosis prior to onset of their diabetes were not in-cluded in the study, which was presented as a poster at the annual meeting of the Endocrine Society.

A questionnaire given to eligible consecutive patients targeted the five most common symptoms of GERD: heartburn at least once a week, hoarse-ness, chronic cough, chest pain, and regurgitation.

A total of 40% of pa-tients reported at least 1 GERD symptom, versus 10% reported having heartburn at least weekly. The preva-lence of weekly heartburn was significantly higher in patients with neuropathy, said Dr. Chandrarana, a resi-dent in the divisions of en-docrinology and gastro-intestinal medicine at Saint Peter’s University Hospi-tal, New Brunswick, N.J.

Among the 46 patients with neuropathy, 27 (59%) reported GERD symp-toms, compared with 34 of the 104 diabetic patients (33%) who did not have neuropathy.

“Since experience of heartburn is likely to be blunted by neuropathy, the actual incidence of GERD may be even higher,” Dr. Chandrarana noted.

She encouraged physi-cians to be sensitive to the possibil-ity that their pa-tients with diabetes might also have GERD, a treat-able disease.

The reaction makes sense, she pointed out, since the pathophysiology of GERD involves de-layed gastric emptying, a common complication of patients with diabetic neuropathy.