Letter to the Editor

Retained Capsule in Crohn’s Disease: What Happens if I Get Pregnant?

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Capsule endoscopy (CE) is a key method to detect small bowel lesions in patients with known or suspected Crohn’s disease (CD). Capsule retention, defined as its permanence in the digestive tract more than 2 weeks after its intake, appears in 1.3% of suspected CD cases, and in 4–13% if the disease is already known.¹ In order to prevent this, CE should not be performed if a stricture is suspected. However, in up to 22% of CD patients unsuspected strictures can be found in small bowel imaging,² so a patency capsule test is sometimes justified.

There is no agreement in the management of CE retention; depending on the symptoms, expectant waiting management can be adopted, or an endoscopic or a surgical retrieval can be attempted. That decision can be more difficult in some situations, such as pregnancy. Data in this situation are scarce, and we would like to share our experience.

A 29-year-old woman was diagnosed with jejunoileal CD at another centre. At the time, a PillCam® CE showed ileal ulcers with active bleeding, associated with a relative stricture. Colonic images were not obtained, but an X-ray was performed that supposedly excluded CE retention. Because of illness progression, including sub-occlusive episodes without response to steroids, azathioprine and methotrexate over 2 years, the woman was referred to our unit and started on adalimumab, achieving a good response. A year after that, she consulted an in vitro fertilization clinic. A hysterosalpingography detected the presence of the CE, still retained in the ileum. The woman was asymptomatic, but consulted us again because she was unsure about the implications of CE retention regarding a possible pregnancy. A literature search failed to identify any recommendations; therefore, we contacted the main companies that distribute and market CE in our country. They were not aware of similar cases of endoscopic retrieval by enteroscopy have been described, with 80% success.³ However, the most frequently chosen retrieving option is surgery, almost always elective. The key factor that makes our case special is the intended pregnancy. Without previous experiences published, we could not assess the possible implications. Guidelines about endoscopy in pregnant women focus on the risks of sedation and instrumentation.⁴ There are no references to CE, given that this procedure is contraindicated in pregnancy because of the microwaves emitted while the capsule is active.⁵ The future occurrence of similar cases is possible because CD affects young women of childbearing age, so we think that it is important to communicate this experience and what we believed to be the best management in that singular situation.

Conflict of Interest
None.

References