India Elsewhere


When Crohn’s disease (CD) is limited to the small bowel, endoscopic information is difficult to obtain. Emerging evidence suggests that capsule endoscopy has a high yield for diagnosing CD and may be superior to other investigations.

Eleven patients (7 men; mean age 42 years [range 14-70]; 7 with symptoms suggestive of CD, 3 known CD, 1 suspected small bowel pseudo-obstruction) underwent capsule endoscopy. All patients had prior gastroscopy, colonoscopy and small bowel radiology. After overnight fast and bowel preparation, patients ingested the M2A plus capsule with water. The images were downloaded and reviewed after 8 hours. Findings included ileal ulcerations in 9 patients (aphthoid ulcers - 7, severe ulcerations - 2), 2 patients had associated strictures (distal duodenum - 1, ileum - 1) and one patient had thickened, erythematous and edematous small bowel mucosa. Complete views of the small bowel were obtained in 9 patients. Capsule was retained in 2 patients with intestinal stenosis (one in distal duodenum was removed endoscopically and in one with ileal stricture it passed out by 12 weeks). Histological confirmation of CD could be obtained in 6 of 8 newly diagnosed patients by enteroscopy or ileoscopy.

The authors conclude that capsule endoscopy can assist in making the diagnosis of CD or knowing the severity and extent of disease. Patients should undergo small bowel radiology prior to capsule endoscopy to exclude strictures.


Although the colon is the portal of entry for amebae, there are few studies of the colon in patients with amebic liver abscess (ALA).

71 patients (68 men; mean age 38.6 [12.7] years) with ALA underwent colonoscopy. Abdominal pain and fever were present in all patients. 2 had bloody diarrhea, 10 had diarrhea on admission, and 10 had history of diarrhea during the preceding 2 months. Present stool examination showed E. histolytica trophozoites in 5 patients. 39 (55%) patients had colonic ulcers. They were observed in 18/20 (90%) patients with ongoing (10/10) or recent (8/10) diarrhea and in 21/51 (41%) patients without diarrhea (p<0.001). 26 (37%) patients had small (3 cm) discrete ulcers and 4 patients had large (>3 cm) discrete ulcers in the right colon without surrounding hypereemia; 9 patients had large, multiple ulcers with surrounding hypereemia either in the left colon (7) or throughout the colon (2). Multiple ulcers were noted in 7/10 patients with diarrhea as the presenting symptom and in 2/61 (3%) patients without diarrhea as the presenting symptom (p<0.001). Patients with multiple ulcers were older than those with fewer ulcers. Colonic ulcers were seen in the cecum alone (14), cecum and ascending colon (8), ascending colon alone (7), hepatic flexure (1), sigmoid and ascending colon (7), and entire colon (2). No association was noted between the location of the abscess in the liver and colonic lesions. Amebic trophozoites were present in colonic ulcer biopsy specimens from only 2 patients.

The authors conclude that colonic involvement is present in more than half of the patients with ALA. In the majority, this produces no symptoms. It is more common in patients with present or recent diarrhea. Left-sided involvement with multiple and large ulcers are more common in elderly patients with diarrhea.


The diagnosis of colonic tuberculosis can be achieved in about 60% of patients by histological findings in targeted biopsies obtained during colonoscopy. The authors evaluated the role of blind biopsies from endoscopically normal appearing terminal ileum and cecum in diagnosing tuberculosis.

50 patients (41 men; mean age 35.5 [12.3] y) with suspected colonic tuberculosis, but without abnormalities on colonoscopy and ileoscopy (intubation possible in 43 cases) were studied. 8-10 blind biopsies were obtained from the terminal ileum, cecum and ascending colon. Histological examination showed noncaseating granuloma from terminal ileal biopsies in 2 patients and collection of loosely arranged epithelioid cells from cecal biopsies in 2 patients. Of the remaining 46 patients, histology showed nonspecific inflammation in 18 cases (cecum - 15, terminal ileum - 7). Acid-fast bacilli were not found in any of the biopsies.

The authors conclude that histological examination of biopsies obtained from the normal-appearing cecum and terminal ileum is useful in achieving a diagnosis of tuberculosis in a small but significant number of patients with suspected colonic tuberculosis.

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