Emergency video capsule endoscopy in patients with acute severe GI bleeding and negative upper endoscopy results.

In mid-GI bleeding, video capsule endoscopy (VCE) shows the best diagnostic yield for ongoing overt bleeding. To date, the utility of VCE in acute severe GI bleeding has been analyzed rarely. To evaluate the impact of VCE when performed on patients with acute severe GI bleeding immediately after an initial negative upper endoscopy result. Prospective study. Tertiary-care center. Patients with melena, dark-red or maroon stool, hemodynamic instability, drop of hemoglobin level $\geq 2$ g/dL/day, and/or need of transfusion $\geq 2$ units of packed red blood cells per day were included. After a negative upper endoscopy result, emergency VCE was performed by immediate endoscopic placement of the video capsule into the duodenum. Rate of patients in whom emergency VCE correctly guided further diagnostic and therapeutic procedures. Upper endoscopy showed the source of bleeding in 68 of 88 patients (77%). In the remaining 20 patients (23%), emergency VCE was performed, which was feasible in 19 of 20 patients (95%; 95% confidence interval [CI], 75%-99%). Emergency VCE correctly guided further diagnostic and therapeutic procedures in 17 of 20 patients (85%; 95% CI, 62%-97%) and showed a diagnostic yield of 75% (95% CI, 51%-91%). Single-center study, small sample size. In patients with acute severe GI bleeding and...
negative upper endoscopy results, emergency VCE can be useful for the immediate detection of the bleeding site and is able to guide further therapy. (Clinical trial registration number: NCT01584869.)