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The role of capsule endoscopy in diagnosis of celiac disease

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Background.

Clinical picture in the setting of celiac disease does not always depend on the extent and character of pathological changes in the mucosa of the small bowel. Capsule endoscopy (CE) allows us to evaluate the small bowel and obtain information about the extent of the damage in small bowel mucosa in celiac patients.

Aim.

To determine the indications for CE in patients with celiac disease.

Methods.

The study included 10 patients (6 women, 4 men) with proven celiac disease. The median age was 42.4 ± 17.5 years. In 3 patients, celiac disease was detected for the first time, in the rest – during the period of 3 months to 2 years.

Results.

In 3 patients with newly diagnosed celiac disease, endoscopic signs of mucosal atrophy of the small bowel were more pronounced in the duodenum.

In 3 patients, mucosal atrophy spread to the proximal parts of the small bowel.

In 4 patients (with typical and refractory forms), mucosal atrophy extended to the distal ileum, and erosion and ulcers were found in the jejunum. In 3 of them, the clinical picture was characterized by a severe course, accompanied by a syndrome of malabsorption.

Conclusion.

Clinical symptoms do not always coincide with the extent of the lesion of the mucosa of the small bowel, owing to its uneven distribution of the damaged mucosa, as well as its uneven ability to restore. The alternation of externally unchanged mucosal surface with areas of atrophy suggests a different time of contact of the chyme and small bowel lining in the lumen.

The indication for performing a CE in celiac disease patients is the lack of response to treatment, the assumption of erosive and ulcerative lesions of the mucosa of the small bowel and the refractory disease. CE allows us to establish the extent of atrophic changes in the mucosal lining, which makes it possible to use it to assess the effectiveness of treatment.