Late presentation of capsule endoscope aspiration with successful extraction by flexible bronchoscopy utilizing a snare wire loop

Capsule endoscopy is a commonly employed technique to examine patients for gastrointestinal pathology. Pulmonary aspiration of a capsule endoscope is a rare complication of this procedure. There have been 15 well-described instances of bronchial aspiration of a capsule endoscope [1 - 15].

Patients who aspirate this device are generally elderly and may have risk factors for aspiration. Aspiration should be suspected if cough occurs when the patient is swallowing the capsule. Aspiration can be confirmed by chest radiography or by immediate downloading of the recorded images. Fortunately, most patients are able to cough up the capsule endoscope and swallow it without intervention and do so in a short time frame. However, an invasive intervention may be required to remove the aspirated capsule from the bronchial tree. The technique employed to retrieve the device depends on the expertise of the local physicians and equip-
ment availability (Table 1). Interestingly, a capsule endoscope can remain in the bronchial tree for an extended time period without significant complication to the patient.

We present a case where the capsule endoscope remained in the bronchial tree of an 81-year-old man for 110 days without serious consequences. He manifested the aspiration with a cough only at the initial swallowing of the device. Other than his age he had no risk factor for aspiration. The initial interpretation of the capsule video recording was that the capsule had remained in his esophagus for the 8 hours of recording. However, when the capsule endoscope was identified on chest radiographs (Fig. 1) and the video recording was reviewed, it was determined that the images had been misinterpreted. Not surprisingly, the images actually demonstrated that the device had remained in the patient’s bronchus for the entire recording. The capsule was successfully retrieved from his left main stem bronchus (Fig. 2) using a flexible fiberoptic bronchoscope and a snare wire loop.

Endoscopy  UCTN_Code_CPL_1AI_2AB

Competing interests: None

Mahmoud Amarna1, Amanda Vanlandingham2, Parag Brahmbhatt3, Thomas M. Roy1,2,3, Ryland P. Byrd1,2,3

1 Division of Pulmonary Diseases and Critical Care Medicine, East Tennessee State University, Johnson City, Tennessee, United States
2 Department of Internal Medicine, The James H. Quillen VAMC, Mountain Home, Tennessee, United States
3 Department of Pulmonary Diseases and Critical Care, The James H. Quillen VAMC, Mountain Home, Tennessee, United States

References

8. Guy T, Jouneau S, D’Halluin Pet al. Asymptomatic bronchial aspiration of a video cap-

Bibliography

DOI: http://dx.doi.org/10.1055/s-0034-1377543
Endoscopy 2015; 47: E6–E7

Corresponding author

Ryland P. Byrd, Jr., MD
Veterans Affairs Medical Center 111-B
Division of Pulmonary Diseases and Critical Care Medicine
PO Box 4000
Mountain Home
TN 37684-4000
USA
Fax: +1-423-979-3471
Ryland.Byrd@med.va.gov

This document was downloaded for personal use only. Unauthorized distribution is strictly prohibited.