

## Unexpected Capsule Endoscopy Images Reveal Aspiration

Hisham Hussan, MD, Theodore J. Paradowski, MD, Charlene M. Prather, MD, MPH

*Department of Internal Medicine, Division of Gastroenterology and Hepatology, Saint Louis University, St. Louis, MO*

### Case Report

An 83-year-old male inpatient was evaluated for iron-deficiency anemia after admission for near-syncope. He had prior history of mild occasional oropharyngeal dysphagia. Upper endoscopy and colonoscopy were normal. Video capsule endoscopy (VCE) was pursued.

The gastroenterologist who reviewed the VCE video 30 hours after administration quickly recognized images of the upper bronchi (Figure 1). The capsule remained in the bronchus throughout the entire 8 hours of recording. The patient, alert and in no distress, had reported difficulty swallowing the capsule; he also regurgitated it once before manually pushing it down his hypopharynx.

The video capsule was successfully removed from the right bronchus intermedius using flexible fiberoptic bronchoscopy. The patient tolerated the procedure well and recovered without further complications. He declined further endoscopic work up of his anemia. It was thought to be multifactorial due to chronic kidney disease and underlying myelodysplasia. He responded well to iron therapy and epoetin injections, with no further anemia. Few case reports exist in the literature of aspirated video capsules.<sup>1,2</sup> This case serves to increase recognition of this possible adverse event.

### Disclosures

Author contributions: H. Hussan wrote and edited the article, and is the article guarantor. TJ Paradowski obtained the images and wrote the article. CM Prather edited and approved the article.

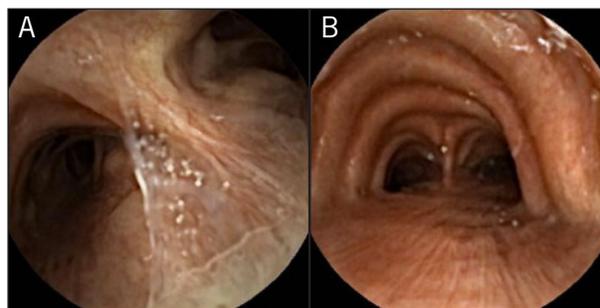
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Informed consent was obtained for this case report.

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**Figure 1.** A) Image of the carina with views down the right and left mainstem bronchi. (B) Image as the capsule travels down the right mainstem bronchus.

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**Correspondence:** Hisham Hussan, MD, Department of Internal Medicine, Division of Gastroenterology and Hepatology, Saint Louis University, 3635 Vista Ave. at Grand Blvd., P.O. Box 15250, St. Louis, MO 63110-0250 (hhussan@gmail.com).

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