



LETTERS TO THE EDITOR

Reclassifying inflammatory bowel disease with capsule endoscopy in children[☆]

A reclassificação de doença inflamatória intestinal com cápsula endoscópica em crianças

We read with great interest the article by Ouahed et al.¹ on the role of wireless capsule endoscopy in reclassifying inflammatory bowel disease in children. It was the first prospective study concerning reclassification of inflammatory bowel disease unclassified (IBDU) in the pediatric population. It is an addition to the growing evidence of the role of capsule endoscopy (CE) in this subtype of inflammatory bowel disease, both in pediatric and adult populations.^{1–6}

There is currently no validated scoring system for the diagnosis of small bowel Crohn's disease (SBCD). Most studies use the consensus criterion of three or more ulcers as predictive of SBCD in adults.⁷ There is no evidence whether this criterion can safely predict SBCD in the pediatric population, bearing in mind that mucosal breaks can occur in healthy adults,⁸ and the type and severity of mucosal changes in healthy children is yet to be determined. In addition, and as mentioned by the authors, non-steroidal anti-inflammatory drugs (NSAIDs) can mimic SBCD at capsule endoscopy; therefore, this data should have been provided by the authors. This does have a bearing on the sensitivity and specificity of that study.

Studies within adult populations have shown a disparity in the management of post-CE outcomes among symptomatic^{2,5,6} versus asymptomatic³ IBDU patients. Therefore, it would be worth knowing whether the patients were symptomatic at the time of CE. In addition, although the authors mention a change in the management of three patients, it would be useful to know the details of the post-CE change in medical therapy to truly assess the impact of a positive or negative CE. It would also strengthen the argu-

ment for performing a cost-effective test in the pediatric population.

We agree with the authors that CE is a novel tool in reclassifying IBDU patients, compared to standard small bowel investigations. It must be said however, that CE findings with no histological confirmation would need to be interpreted with caution and with regard to clinical context, as a false positive could result in intensified therapy and cause psychological side effects.⁹

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Reply to "Reclassifying inflammatory bowel disease with capsule endoscopy in children"[☆]

Resposta à "Reclassificação da doença inflamatória intestinal com cápsula endoscópica em crianças"

In response to the letter to the editor by Joshi et al., we agree that the scoring system for the diagnosis of small bowel disease with capsule endoscopy (CE) using three or more ulcers is not ideal, as it doesn't include tissue samples, but it has been accepted currently as a consensus.¹ It was not initially reported by us, but none of the children were taking non-steroidal anti-inflammatory drugs (NSAIDs) at the time of the study, as we were aware of the possible mucosal breaks secondary to the use of NSAIDs.²

As stated in our article, all patients were investigated at their initial diagnosis of inflammatory bowel disease (IBD). It was not described in details; however, all patients were symptomatic (iron deficiency anemia, abdominal pain, diarrhea, blood in stools), justifying the investigation to rule out IBD. The capsule study was performed within three months of the initial investigations.

Regarding the management of patients after the capsule study, one patient was started on azathioprine early in the course of disease, one patient was started on budesonide, and one patient (negative study) was discontinued from mesalamine. It is important to reinforce that all patients were followed in the IBD clinic at the McMaster Children's Hospital for 12 months after the capsule study, confirming the diagnosis of Crohn's disease or ulcerative colitis, according to the findings of the CE studies.

We completely agree with the authors that CE is a novel tool³⁻⁶ in assessing IBDU and should be used with caution,

as there is not yet a histological confirmation available with the CE study.

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