

Colon capsule endoscopy as panendoscopy: Using current knowledge to enhance possibilities



We thank the colleagues for their interest in our study [1]. Colon capsule endoscopy (CCE) has great potential as a diagnostic tool for the entire gastrointestinal tract. However, we agree that limiting factors such as imperfect colon cleanliness and low completion rates currently hinder the implementation of CCE as pan-endoscopy. Although efforts must be made to optimize the above-mentioned issues, other solutions should be considered in the meantime. For example, recently we found that lower body mass index and history of abdominal surgery resulted in slower CCE transit times and lower completion rates. In future practice, these factors can be considered to predict a longer capsule transit time and possibly require adjustment of the preparation and booster protocol. It was also shown that participants who took metoclopramide because of delayed stomach transit subsequently had significantly faster small bowel transit compared to those who did not take metoclopramide. This suggests that likelihood of completion might be optimized by using metoclopramide in all CCE procedures, instead of waiting for a delay in stomach transit. Similar studies could be performed to determine which factors can be considered to optimize colon cleanliness. Furthermore, improvement in technical aspects of CCE, such as battery life, and practical aspects, such as the need for adequate artificial intelligence for reviewing CCE images, are warranted for further implementation of CCE as pan-endoscopy.

Competing interests

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Reference

- [1] Cortegoso VP, Koulaouzidis A. Light flickering through a narrow window opening in capsule panendoscopy. *Endosc Int Open* 2022; 10: E582–E583

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