



## IMAGE OF THE MONTH

### Mucosal prolapse in capsule endoscopy. What does it make us think of? ☆

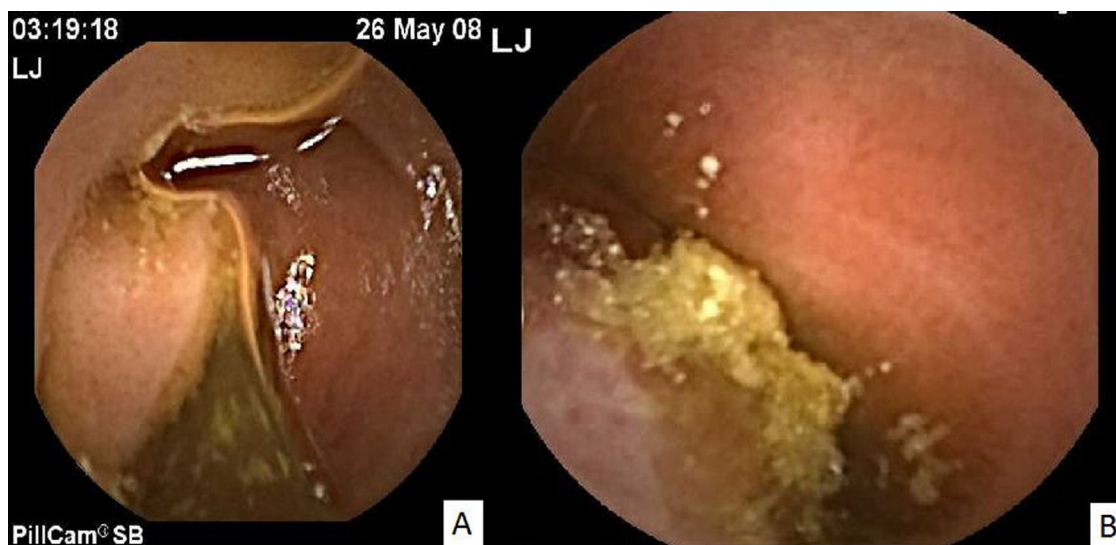


### Protusión mucosa en cápsula endoscópica. ¿En qué podemos pensar?

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**Figure 1** (A) Image of a capsule endoscopy in which mucosal prolapse in the ileum is observed, which partially occludes the lumen permitting the passage of the capsule. (B) Image of a capsule endoscopy with mucosal prolapse with normal macroscopic appearance, without ulceration or traces of blood.

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Male, 40 years of age with episodes of melaena of several months' evolution and iron deficiency anemia (Hb 7.5 mg/dl; ferritin 20 ng/ml). Normal gastroscopy and colonoscopy were conducted. A capsule endoscopy was performed which showed mucosal prolapse with normal macroscopic appearance in ileum (Fig. 1), with no traces of blood. The CT scan revealed an ileocolic intestinal intussusception measuring 40 mm, which is why a laparotomy was proposed in which

an intussuscepted mass was resected at 90 cm from the ileocaecal valve, corresponding to a Meckel's diverticulum.

Meckel's diverticulum is a diverticular remnant of the omphalomesenteric duct, located on the antimesenteric edge of the ileum at 40–100 cm from the ileocaecal valve. It is the most common congenital anomaly of the gastrointestinal tract (occurring in 2–4% of the general population), although only 4–16% of patients present symptoms,<sup>1</sup> the most common being gastrointestinal bleeding. Of note is the usefulness of capsule endoscopy in its diagnosis, since it is a cost-effective tool and is non-invasive, in which a cavitated lesion or mucosal prolapse with or without ulcerated lesions can be suspected from observing the double lumen sign.<sup>2,3</sup> Since the treatment of choice is surgical resection, the capsule endoscopy diagnosis is useful in preventing unnecessary surgery.

## References

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