

Excellent improvements in dysphagia were seen in around 90% of 56 patients with achalasia cardia, and this was maintained 6 months after dilation. Patients with a poor response on initial treatment responded well following retreatment. The method involves a single introduction of the endoscope, making it more comfortable for patient and operator. The mean time to maneuver the Rigiflex® balloon into the antrum was 30 s, and the mean time for the procedure was around 8 min. Patient compliance and cooperation was excellent, with the patient under conscious sedation. There were no procedural failures or trauma to the oropharynx, and no complications or mortality were seen during the study.

The authors conclude that this technique is effective, safe, cost-effective, and more comfortable for both patient and operator. In addition, as radiologic guidance is not needed, this procedure can be performed at centers where fluoroscopic facilities are unavailable.

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**Original article** Rai RR *et al.* (2005) Rigiflex pneumatic dilation of achalasia without fluoroscopy: a novel office procedure. *Gastrointest Endosc* 62: 427–431

## Capsule for detecting patency of the small bowel

Video capsule endoscopy, commonly used to detect intestinal disease, can be complicated by stenosis that prevents passage of the capsule, often resulting in the need for surgery or endoscopy to remove the device. Prior visualization of strictures in the small bowel is therefore beneficial; however, current techniques, such as small-bowel enteroclysis and small-bowel follow-through, are associated with high doses of radiation and false-negative results. The Given® patency system (Yoqneam, Israel) is a new diagnostic tool developed to detect small-bowel stenosis and consists of two components: a disintegrating capsule with a radiofrequency identification tag and a radiofrequency identification tag scanner. Its detection of strictures is based on the theory that the intact capsule would be unable to pass through a stricture and would therefore disintegrate over time. The efficacy of the capsule has recently

been investigated by two different research groups, with conflicting results.

In a feasibility study conducted by Spada and colleagues, the capsule's safety and ability to detect strictures was tested in 34 patients with suspected or confirmed intestinal strictures, 30 of whom had Crohn's disease. The capsule was retrieved in the stool of 30 patients; overall, 20 of the capsules remained intact. The capsule was thus unable to detect radiologically ascertained strictures. Adverse events included abdominal pain, which was experienced by six patients one of whom required hospitalization. The capsule was successfully located by the scanner in 94% of the patients. Despite the inability of the capsule to detect strictures, the authors concluded that the device was useful in giving evidence of small-bowel patency and was simple and safe to use.

In the second study, Delvaux and colleagues investigated the use of this system in 22 patients with suspected strictures that required video capsule endoscopy, who had either confirmed or suspected Crohn's disease. The capsule was detected by the scanner in 17 of the 22 patients, indicating stenoses; however, the stenoses had been previously detected by CT or small-bowel follow-through in all cases. In addition, symptomatic intestinal occlusion was induced by the capsule in three patients, two of whom required emergency surgery, indicating that the capsule took too long to dissolve.

The authors conclude that the patency capsule is not safe in its present form for use in patients with suspected tight stenoses and is not beneficial to the physician in making the clinical decision to carry out video capsule endoscopy in such patients, as it did not detect stenoses that were not anticipated by existing detection methods. In turn, they highlight the importance of considering a patient's clinical history in the selection process for video capsule endoscopy, and suggest a patency capsule that dissolved more quickly following ingestion might be more useful.

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**Original articles** Spada C *et al.* (2005) A novel diagnostic tool for detecting functional patency of the small bowel: the Given patency capsule. *Endoscopy* 37: 793–800  
Delvaux M *et al.* (2005) Clinical evaluation of the use of the M2A patency capsule system before capsule endoscopy procedure, in patients with known or suspected intestinal stenosis. *Endoscopy* 37: 801–807