

# Capsule endoscopy for Africa

Addis Ababa, Ethiopia

It was my great pleasure to participate in the Gastroenterology Association of South Africa and Gastroenterology Association of Ethiopia's conference in Addis Ababa from 28 September to 1 October 2016. This conference was the first of its kind and comprised a post-graduate training for fellows, best of AGA and best of EASL sessions. A generous sponsorship from Medtronic made it possible for delegates across Africa to meet and discuss their perspectives on gastrointestinal disease in Sub-Saharan Africa. I was asked to present a half day introduction to the use of capsule endoscopy. Medtronic acquired Given Imaging, the originator of PillCam, and the leader in its field.

The use of capsule endoscopy in the management of obscure GI bleeding is well established. Evidence-based algorithms mandates that it's the first investigation in most cases of obscure GI bleeding after a normal gastroscopy and colonoscopy. In a well resourced environment, capsule endoscopy is also an important tool in the management of suspected Crohn's disease and in certain cases for the investigation and follow-up of established Crohn's disease. There are also several other indications which haven't found its way onto the guidelines yet.

The highlight of the session, in my opinion, was the discussion around the utility of this technology in a Sub-Saharan resource-limited setting. Although it is a relatively expensive test, which at face value makes it a less desirable investment, there are several other considerations including the widespread lack of gastroenterologists and facilities across Sub-Saharan Africa and the relative ease of acquiring the skills to do and read capsule endoscopy. It is therefore an open debate whether the use of capsule endoscopy should be limited to well-resourced areas or whether it is in fact the ideal tool in a resource-limited setting. This might be especially true if capsule endoscopy technology advances to such a degree that the entire intestinal tract, including stomach, small bowel and colon, could be screened with one test, an ideal that is not too far off the horizon. Guidelines specific to the Sub-Saharan setting are clearly needed.

My lasting impressions of Ethiopia is summarised in a few words: Coffee, injera, unrivalled beauty, world beating athletes and fierce independence but welcoming hospitality. Hopefully this will be the first of many meetings across Sub-Saharan Africa during which we hopefully adopt a tailored Sub-Saharan approach to gastroenterology.

**Eduan Deetlefs**



Chris Kassianides, Victor Sivhidzho from Medtronic, Eduan Deetlefs



Chris Kassianides, Abate Bane, Berhane Redae, Hailu Kefenie, Endale Kasa



Eduan Deetlefs, Berhane Redae, Sandie Thomson, Rezene Berhe