

of collecting venules) of the stomach was observed in patients with *H. pylori* negative using new versions of electronic endoscopy.

Moreover, it became clear that measurement of hemoglobin index (IHb) value on fundic mucosa under the proper condition could be applicable to the diagnosis on *H. pylori* infection endoscopically, because a device

of electronic endoscopy with system of measurement of IHb value was developed.

In this symposium, details of *H. pylori* related diseases will be explained presenting some typical cases. And we shall make reference to the possibility of making a diagnosis of *H. pylori* infection endoscopically, which was based on the reports mentioned above and on our retrospective and prospective data.

Capsule endoscopy

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Radiological examination had been the gold standard of the examination of small intestine. However, it was difficult to detect of flat lesion or bleeding point. Various endoscopic approaches for small intestine were investigated, though they were not spread. Late 90's double balloon endoscopy that enables constant deep insertion and entire examination of small intestine was developed. In 2000, capsule endoscopy (CE) was developed. This is a new examination tool for intestine. Small capsule is swallowed and takes pictures of small intestine. More than 300 thousand cases have been

examined all over the world until now. It has been reported the usefulness of diagnosis of bleeding disease.

Capsule endoscope takes two pictures per seconds for eight hours in a physiological manner. CE enables to observe villi, ulcers, erosions, and polyps of small intestine, therefore diagnosis of small intestine disease will be further developed. CE is less invasive compared with conventional enteroscopy.

There are still some problems. It takes more than fifty minutes to analysis the pictures. Further progress is necessary.



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