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Angioectasias in the elderly: Interpreting the data

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We read with great interest the recent study by Nennstiel et al.[1] As reported by the authors, capsule endoscopy has a higher diagnostic yield in the elderly presenting with small bowel (SB) bleeding,[2] where such patients are more likely to present with overt bleeding compared to young patients. The clinical relevance of vascular lesions in elderly patients may be more challenging to determine, particularly in those with the presence of other comorbidities and polypharmacy. Conversely, the incidence of vascular lesions may be underestimated in young patients,[3] where the bleeding potential may be lower. Furthermore, at present, discriminating between P1 or P2 lesions continues to be challenging.

The authors concluded that age > 65 years (odds ratio (OR): 2.15; 95% confidence interval (CI): 1.36–3.38; $P = 0.001$) and presentation with overt bleeding (OR 1.89; 95% CI: 1.22–2.94; $P = 0.004$) were independent predictors for the presence of SB angioectasias. However, age may be a confounding factor. Although multivariate analysis can help to exclude confounding factors, a prospective study remains the gold standard to minimize bias in detecting clinical predictors. Angioectasias in the elderly may be more likely to bleed, therefore presenting with overt signs and symptoms; furthermore, the rebleeding risk in the elderly has been shown to be higher.[4] In this sense, identifying predictive factors for the bleeding potential of lesions would have increased clinical relevance, even if this is difficult to analyse in daily practice as data from asymptomatic patients presenting with vascular lesions would be necessary.

Declaration of conflicting interests

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