The questions below are based on the article “Wireless Capsule Endoscopy,” which begins on page 14 of this issue. Choose the single best answer for each question.

1. A key difference between the images of the small bowel obtained with the wireless capsule endoscope and those obtained using any other small bowel imaging modality is that the capsule-obtained images are:
   (A) Available in real time
   (B) In color
   (C) Mucosa based
   (D) Obtained with patients in the fasting state
   (E) Villus based

2. Which of the following is currently the most appropriate indication for capsule endoscopy?
   (A) Abdominal pain
   (B) Assessment of the small bowel for enteric fistulae
   (C) Assessment of the small bowel for possible inflammatory bowel disease
   (D) Jaundice
   (E) Obscure gastrointestinal blood loss

3. Which of the following clinical situations is NOT a contraindication to undergoing capsule endoscopy?
   (A) Diabetic gastroparesis
   (B) History of prior laparoscopic cholecystectomy
   (C) Implanted cardiac defibrillator
   (D) Pregnancy
   (E) Small bowel ileus

4. Which of the following is NOT a feature of the wireless capsule endoscopy system?
   (A) Ability to image the entire small bowel
   (B) Ability to perform small bowel biopsies
   (C) Ability to record transit times of the capsule through the small bowel
   (D) Ability to roughly approximate the location of lesions imaged within the small bowel
   (E) Ability to be performed without sedation

5. Which of the following is a common cause of obscure gastrointestinal blood loss identified during capsule endoscopy?
   (A) Abetalipoproteinemia
   (B) Angiectasia of the gastrointestinal tract
   (C) Chronic pancreatitis
   (D) Collagenous colitis
   (E) Whipple’s disease

6. A 33-year-old woman undergoes capsule endoscopy for evaluation of chronic anemia. She takes no medications. The examination reveals a large ulcer with raised margins in the proximal jejunum. Which of the following is the most appropriate next step in the management of this case?
   (A) Observation
   (B) Repeat capsule endoscopy in 6 weeks to re-image the ulcer
   (C) Push enteroscopy with biopsy of the ulcer site
   (D) Angiography
   (E) Surgical excision of the ulcer

For answers, see page 31.
Answers to the review questions asked on page 36. The article on wireless capsule endoscopy begins on page 14.

1. (E) Villus based
2. (E) Obscure gastrointestinal blood loss
3. (B) History of prior laparoscopic cholecystectomy
4. (B) Ability to perform small bowel biopsies
5. (B) Angiectasia of the gastrointestinal tract
6. (C) Push enteroscopy with biopsy of the ulcer site