



REMARKS**1 Barium enema**

- 1.1 Vascular lesions such as angiodysplasia may not be detected on barium enema.

2 Small bowel study

- 2.1 Small bowel enema is preferred to follow through study. The diagnostic yield of follow through study is low.
- 2.2 Meckel's diverticulum and small bowel tumours might be detected on small bowel study.

3 Nuclear medicine

- 3.1 Meckel's scan
 - 3.1.1 In a young patient with chronic recurrent gastrointestinal bleeding, Meckel's diverticulum has to be considered.

4 CT enterography or CT enteroclysis

- 4.1 There is no consensus on the diagnostic algorithm for the investigation of small bowel bleeding after exclusion by upper endoscopy and colonoscopy. Capsule endoscopy is generally regarded as the first line investigation.
- 4.2 CT enterography or CT enteroclysis are alternatives, especially in patients with contraindications to capsule endoscopy such as:
 - 4.2.1 Suspected obstruction
 - 4.2.2 Suspected stricture

5 CT angiography of abdomen

- 5.1 CT angiography of abdomen is useful in patients with active bleeding, chronic bleeding not localized by other means, for diagnosing underlying pathological causes and vascular causes, and for planning angiography and endovascular intervention.

6 Angiography

- 6.1 Catheter angiography is helpful in conditions of massive gastrointestinal bleeding and chronic bleeding not localized by other means; it can provide treatment by means of embolization.

REFERENCES

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