**Chapter 1: How Capsule endoscopy works in the real life: technical and practical issues**

In this section we discussed about practical issues emerged since the introduction of capsule endoscopy in clinical practice
- the use of preps/prokinetics to improve small bowel cleanliness and capsule transit time
- the possible technical and clinical problems hampering or preventing diagnosis
- the specific software tool aimed to recognize “red lesions” into the small bowel
- the usefulness of the Patency Capsule (a disintegration time-controlled capsule) in preventing capsule retention

**Chapter 2: Major clinical indications**

In this chapter we briefly analyze the main clinical indications for capsule endoscopy such as obscure GI bleeding, suspected Crohn’s disease, known Crohn’s disease and refractory celiac disease. As far as the diagnosis of celiac disease is concerned we confirmed that, at the present time gastroscopy with duodenal biopsies remains the method of choice to assess mucosal atrophy.

**Chapter 3: Emerging indications**

In this section we described the impact of capsule endoscopy in the diagnosis of small bowel tumours (in terms of frequency, location and histological classification) and in a series of small bowel transplanted patients (in which capsule endoscopy can detect mucosal changes in segments not reached by ileoscopy). We also analyzed the published reports about small bowel changes in patients with portal hypertension.

**Chapter 4: Capsule endoscopy: a look into the future.**

Recently two new capsules have been developed to evaluate the colon (PillCam Colon) and the oesophagus (Pillcam ESO). In this chapter we reported our experience in detecting oesophageal varices using PillCam ESO. We so described the new generation of capsules (PillCam SB2 and PillCam ESO2) that substantially increase the angle of view and the covered area.