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Summary

ULTRASOUND VERSUS ENDOSCOPY IN ULCERATIVE COLITIS: A HEAD-TO-HEAD STUDY

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A prospective study of 97 ulcerative colitis patients found that intestinal ultrasound using Milan ultrasound criteria was superior to symptoms and biomarkers alone in detecting treatment response, correctly identifying response in 80% of cases compared to colonoscopy as reference standard.

KEY POINTS

- Intestinal ultrasound (Milan ultrasound criteria less than 6.2) correctly identified treatment response in 80% of cases, significantly outperforming symptom assessment (64%) and biomarkers alone (68%).
- Ultrasound-based detection was statistically superior to both symptoms (p=0.015) and biomarkers including fecal calprotectin and C-reactive protein (p=0.046).
- A combined approach using Milan ultrasound criteria with fecal calprotectin achieved 83% accuracy but was not statistically superior to ultrasound alone (p=0.943).
- The study enrolled 97 patients with median age 39 years, of whom 77 were receiving biologics or small molecules, with treatment response defined as Mayo endoscopic score less than 1.
- The authors conclude that ultrasound-based assessment combined with fecal calprotectin may enable real-time treatment response monitoring, potentially avoiding colonoscopy in ulcerative colitis patients.

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