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Summary

ACCURACY OF INTESTINAL ULTRASOUND IN DISCRIMINATING BETWEEN IRRITABLE BOWEL SYNDROME AND CROHN'S DISEASE WITH SIMILAR CLINICAL PRESENTATION

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Colorectal

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A two-gate diagnostic study in 100 patients found that intestinal ultrasound with a bowel wall thickness cut-off of less than 3 mm discriminated between IBS-D or IBS-M and clinically active Crohn's disease with 91% overall accuracy.

KEY POINTS

- Among 50 IBS patients and 50 Crohn's disease patients presenting with chronic diarrhoea and abdominal pain, bowel wall thickness less than 3 mm had 98% sensitivity and 84% specificity for IBS, with 91% overall accuracy.
- Bowel wall thickness less than 4 mm showed slightly lower performance with 98% sensitivity, 76% specificity, and 87% overall accuracy.
- The absence of all altered ultrasound parameters (normal bowel wall thickness, no enlarged lymph nodes, no mesenteric fat hypertrophy, maintained stratification, and normal vascularity) achieved 94% overall accuracy.
- The authors suggest that bowel wall thickness less than 3 mm may support IBS diagnosis and rule out clinically active Crohn's disease, while values above 3 mm or any altered parameter might warrant further investigation for Crohn's disease.
- This material is relevant to gastroenterologists evaluating patients with chronic diarrhoea and abdominal pain where distinguishing IBS from Crohn's disease is clinically challenging.

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