

QUANTITATIVE ANALYSIS OF INTESTINAL CONTENTS FOR THE DIAGNOSIS OF SMALL BOWEL MOTILITY DISORDERS

Carolina Malagelada

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Poster

Colorectal

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Computerized quantification of intestinal content on conventional CT scans correlates with small bowel dysmotility patterns identified by jejunal manometry and may serve as an indirect marker of intestinal motor dysfunction.

KEY POINTS

- In 66 patients evaluated with high-resolution jejunal manometry and abdominal CT, total intestinal content was markedly increased in CIPO patients compared to those with normal motility (3034 ± 826 mL vs 398 ± 43 mL, $p < 0.001$), primarily due to increased gas and chyme-type content in the small bowel.
- Among non-CIPO patients, those with dysmotility had increased small bowel chyme-type content compared to normal motility (191 ± 39 vs 81 ± 11 mL, $p = 0.006$) and higher colonic gas and fecal-type content.
- Patients with hypomotility patterns showed higher overall intestinal content volumes than those with uncoordinated contractile patterns, with hypomotility patients having total intestinal content of 1209 ± 229 mL versus 637 ± 300 mL in uncoordinated patterns.
- CT images were analyzed using validated software applying deep-learning tools to identify and quantify gas, chyme-type content, and fecal-type content in the small bowel and colon.
- This method may offer a more accessible alternative to manometry for detecting intestinal motor dysfunction, as conventional CT is frequently performed in routine clinical evaluation of these patients.

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