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Summary

MAGNETIC RESONANCE IMAGING-BASED MEASURE OF FIBROSIS IN ENTERIC CROHN'S DISEASE

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A validation study in 8 Crohn's disease patients with 19 strictures found strong correlations between MRI-derived measures (mean T2 signal intensity and magnetisation transfer Z-spectrum amplitude) and histological fibrosis and inflammation scores in surgically resected bowel strictures.

KEY POINTS

- Mean T2 signal intensity measured using the GI-Seg tool showed strong correlation with global fibrosis scores (r=0.617, p=0.005) and inflammation scores (r=0.692, p=0.001) in 19 strictures from 8 patients undergoing surgical resection.
- Magnetisation transfer Z-spectrum amplitude fit demonstrated high correlation with global fibrosis (r=0.775, p=0.008) and inflammation scores (r=0.824, p=0.003) in a subset of 6 patients.
- The GI-Seg automated segmentation tool generated 3D models of strictures and measured bowel wall volume and mean signal intensity on T2-weighted scans.
- Stricture volume showed moderate but non-significant correlations with fibrosis, inflammation, and muscular hyperplasia scores.
- The study supports the potential of these MRI measures as independent imaging biomarkers for fibrosis and inflammation in Crohn's disease strictures, relevant for clinicians managing fibrostenotic disease where 40% of patients require surgery at 5 years.

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