

CORRELATION OF CALPROTECTIN AND BOWEL ULTRASOUND IN INFLAMMATORY BOWEL DISEASE (IBD)

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Poster

IBD

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Bowel ultrasound shows good diagnostic accuracy compared to fecal calprotectin for assessing inflammatory activity in inflammatory bowel disease patients in a prospective study of 320 patients.

KEY POINTS

- Bowel ultrasound and fecal calprotectin showed significant correlation for inflammatory activity ($r=0.59$, $p<0.001$) across 320 patients with Crohn's disease, ulcerative colitis, and controls.
- Among patients with elevated fecal calprotectin (>100 mg/g), 75.4% had sonographic evidence of inflammatory activity on bowel ultrasound.
- Bowel ultrasound demonstrated sensitivity of 75.4%, specificity of 78.9%, and positive predictive value of 87.4% compared to fecal calprotectin.
- Patients with unremarkable bowel ultrasound had median fecal calprotectin of 57.2 mg/g compared to 999 mg/g in those with marked inflammation on ultrasound.
- Both bowel ultrasound and fecal calprotectin can be considered complementary noninvasive diagnostic tools in inflammatory bowel disease, though rectal inflammation was associated with lower diagnostic accuracy.

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