

CAN SMALL INTESTINAL CONTRAST ULTRASOUND REPLACE CONVENTIONAL CROSS-SECTIONAL IMAGING AND DEVICE ASSISTED ENTEROSCOPY IN SMALL BOWEL MONITORING IN KNOWN CROHN'S DISEASE? POST HOC ANALYSIS OF THE CACTUS-CD STUDY

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A post hoc analysis of 48 patients with small bowel Crohn's disease compared intestinal ultrasound, small intestinal contrast ultrasound, and cross-sectional imaging against device-assisted enteroscopy for lesion localization and stricture detection.

KEY POINTS

- All imaging modalities achieved 100% agreement with device-assisted enteroscopy for distal small bowel localization; mid-bowel agreement was 100% for CTE/MRE and 72.7% for IUS; proximal agreement was 71.4% for CTE/MRE and 57.1% for IUS.
- For stricture detection against device-assisted enteroscopy, CTE/MRE demonstrated 81% sensitivity and 88% specificity (kappa 0.65), while standard IUS had 47% sensitivity and 94% specificity (kappa 0.32).
- Small intestinal contrast ultrasound significantly improved stricture detection sensitivity to 75% compared to standard IUS ($p=0.039$), with specificity of 94% and kappa 0.62, approaching but not statistically different from CTE/MRE accuracy.
- Simplified MARIA score correlated more strongly with endoscopic SES-CD score ($r=0.659$, $p=0.001$) than IBUS-SAS ($r=0.486$, $p<0.001$).
- The study supports ultrasound-based approaches for monitoring established small bowel Crohn's disease, particularly where repeated assessment is needed or access to cross-sectional imaging and enteroscopy is limited.

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