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Summary

# INTESTINAL ULTRASOUND IN NEWLY DIAGNOSED CROHN'S DISEASE: SONOGRAPHIC FINDINGS AND PREDICTIVE VALUE OF EARLY TRANSMURAL HEALING

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**In a prospective cohort of 201 newly diagnosed Crohn's disease patients monitored with intestinal ultrasound over one year, transmural remission at three months predicted sustained symptomatic control and reduced treatment escalation, while baseline terminal ileum ultrasound scores accurately predicted need for ileocecal resection.**

## KEY POINTS

- Transmural remission (bowel wall thickness ≤3 mm without Doppler signal) was achieved in 38% of patients at three months and 41% at 12 months post-diagnosis
- Patients achieving transmural remission at three months had significantly higher rates of symptomatic remission throughout the year (87% versus 51–64%) and lower treatment escalation (20% versus 65%)
- Higher body mass index significantly reduced the likelihood of achieving transmural remission at 12 months in multivariable analysis (overweight OR 0.13, obesity OR 0.06)
- Among 126 patients with ileal or ileocolonic disease, the International Bowel Ultrasound Segmental Activity Score in the terminal ileum at diagnosis was the most accurate predictor of ileocecal resection within one year (AUC 0.92, sensitivity 100%, specificity 73%)

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