

INTESTINAL ULTRASOUND IS RESPONSIVE TO TREATMENT IN NEWLY DIAGNOSED CROHN'S DISEASE

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In a prospective inception cohort of 46 patients with ileal and ileocolonic Crohn's disease, intestinal ultrasound using IBUS-SAS demonstrated significant improvement in terminal ileum disease activity at 3 months across multiple treatment regimens, with 30.8% of non-resected patients achieving transmural remission.

KEY POINTS

- Mean IBUS-SAS in the terminal ileum decreased from 60.7 at diagnosis to 33.7 at 3 months ($p < 0.001$), with all four ultrasound parameters (bowel wall thickness, stratification, colour Doppler signal, and inflammatory fat) showing significant reductions
- Treatment-stratified analysis showed mean IBUS-SAS reductions of 35.6 for systemic steroids plus immunomodulator ($p < 0.001$), 37.6 for systemic steroids plus biologics ($p = 0.022$), and 20.6 for systemic steroids alone ($p = 0.025$)
- Twelve of 39 non-resected patients (30.8%) achieved transmural remission (IBUS-SAS < 12) at 3 months, while 7 patients (15.2%) underwent resection as primary treatment
- Patients requiring resection had significantly higher baseline IBUS-SAS compared to non-resected patients (87.9 vs 55.8, $p < 0.001$), and untreated patients showed a non-significant increase in IBUS-SAS
- This study may be relevant for clinicians managing newly diagnosed ileal or ileocolonic Crohn's disease who are considering ultrasound for early disease monitoring

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