

INTESTINAL ULTRASOUND COMBINED TO FECAL CALPROTECTIN IS EFFECTIVE TO PREDICT ENDOSCOPIC MUCOSAL HEALING IN ULCERATIVE COLITIS: A CROSS-SECTIONAL STUDY

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In a prospective cohort of 57 ulcerative colitis patients, combining fecal calprotectin below 150 µg/g with intestinal ultrasound criteria (bowel wall thickness below 3 mm and absent Doppler signal) achieved 94% specificity and 89% positive predictive value for identifying endoscopic mucosal healing defined as MAYO score 0-1.

KEY POINTS

- Fecal calprotectin below 150 µg/g alone showed 81% sensitivity, 78% specificity, 84% positive predictive value, and 74% negative predictive value for endoscopic mucosal healing
- Bowel wall thickness below 3 mm alone demonstrated lower performance with 37% sensitivity, 77% specificity, 72% positive predictive value, and 44% negative predictive value
- The triple combination of fecal calprotectin below 150 µg/g, bowel wall thickness below 3 mm, and absent color Doppler signal improved specificity to 94% and positive predictive value to 89%, though sensitivity decreased to 33% and negative predictive value to 48%
- The study authors conclude that combining intestinal ultrasound with fecal calprotectin is effective for identifying endoscopic mucosal healing in ulcerative colitis and suggest a stricter ultrasound healing definition could further improve performance
- This work is relevant to gastroenterologists seeking non-invasive alternatives to colonoscopy for monitoring treat-to-target strategies in ulcerative colitis

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