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Summary

CAPSULE ENTEROSCOPY PROXIMAL SMALL-BOWEL INFLAMMATION IN CROHN'S DISEASE IS ASSOCIATED WITH MORE SEVERE MUCOSAL INJURY AND NEED FOR TREATMENT WITH BIOLOGICS

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In treatment-naive small-bowel Crohn's disease, proximal inflammatory involvement (first or second tertile) is associated with higher overall inflammatory burden and increased biologic therapy requirement in mild disease.

KEY POINTS

- Among 53 treatment-naive small-bowel Crohn's disease patients assessed by capsule endoscopy, 67.9% had proximal (first or second tertile) plus distal involvement while 32.1% had distal (third tertile) involvement only.
- Patients with proximal plus distal inflammation exhibited significantly higher Lewis Scores than those with distal-only disease (p=0.031).
- In the subgroup with mild inflammatory activity, 50% of patients with proximal involvement required biologic therapy within five years versus 8% of those with distal-only disease (p=0.036).
- No differences were found between groups in age, sex, smoking, family history, perianal disease, extra-intestinal manifestations, or laboratory values.
- The authors suggest early capsule endoscopy detection of proximal small-bowel inflammation may inform timely treatment decisions, particularly in mild disease where treatment is less well established.

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