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Summary

Cross-sectional imaging for IBD monitoring

Krisztina Barbara Gecse

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Cross-sectional imaging with MRI and intestinal ultrasound accurately identifies inflammation and treatment response in IBD, with observational evidence suggesting transmural healing is associated with better long-term outcomes, particularly in Crohn's disease.

KEY POINTS

- Current ECCO guidelines recommend small bowel assessment at Crohn's disease diagnosis using MRI or intestinal ultrasound, with early response assessment within 12 weeks after treatment initiation and monitoring of subclinical inflammation every 6-12 months in patients in clinical remission.
- The speaker stated that MRI using the MaRIA score accurately identifies disease activity and treatment response in Crohn's disease, with correlation to endoscopic findings, though the validating studies required fasting, oral contrast, and rectal water enemas.
- Intestinal ultrasound can be performed point-of-care without preparation and the speaker reported sensitivity and specificity around 90% for identifying endoscopic disease activity in Crohn's disease and predicting relapse in ulcerative colitis, with bowel wall thickness less than 3 millimeters corresponding to endoscopic remission.
- The METRIC study showed MRI and ultrasound perform similarly for colonic disease evaluation, with MRI performing slightly better for small bowel assessment, and the speaker stated combining both modalities yields the best results.
- The speaker presented observational evidence that transmural healing in Crohn's disease is associated with less corticosteroid use, lower treatment escalation, less hospitalization, and less surgery compared to mucosal healing alone, though data for ulcerative colitis remains limited.

– The ongoing VECTOR study is designed to determine whether treatment escalation targeting transmural remission by ultrasound leads to better outcomes than conventional treat-to-target management, with corticosteroid-free endoscopic remission at one year as the primary endpoint.

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