Intestinal ultrasound: The optimal tool for tight monitoring in IBD?

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Intestinal ultrasound demonstrates high accuracy for assessing disease activity and complications in inflammatory bowel disease and can be used as a point-of-care tool by treating gastroenterologists, though further validation and positioning within treatment algorithms is needed.

KEY POINTS

- The speaker reported that in ulcerative colitis patients starting tofacitinib, bowel wall thickness of 2.8mm correlated with endoscopic Mayo score of zero, and the submucosa was the most responsive layer to treatment after eight weeks.
- In Crohn's disease patients starting anti-TNF therapy, the speaker stated that approximately 20% decrease in bowel wall thickness at 4-8 weeks predicted endoscopic response at later time points, and bowel wall thickness of 3mm was most accurate for determining endoscopic remission.
- A systematic review submitted by the speaker's group showed high pooled sensitivity and specificity of intestinal ultrasound for detecting intra-abdominal complications in Crohn's disease.
- Expert sonographers demonstrated almost perfect to substantial agreement for the two most important characteristics: bowel wall thickness and colour Doppler signal in ulcerative colitis assessment.
- Intestinal ultrasound remained feasible during pregnancy with active disease visible in 98% of patients when compared with clinical activity and faecal calprotectin, though visualization of terminal ileum and sigmoid decreased in later trimesters.
- The speaker developed the UKAS score for ulcerative colitis including bowel wall thickness, Doppler signal, loss of striations, and fat trapping, with prospective validation currently ongoing.

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