

EVALUATION OF THE SENSITIVITY OF THE SIMPLE US SCORE FOR CROHN'S DISEASE (SIUS-CD) ULTRASOUND INDEX VERSUS COLONOSCOPY IN MONITORING RESPONSE TO BIOLOGICAL THERAPY IN CROHN'S DISEASE

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A prospective study of 19 Crohn's disease patients treated with Ustekinumab found that a 3.4-point reduction in the SIUS-CD ultrasound index correlated with endoscopic response at 6 months, while CRP and fecal calprotectin did not show significant differences.

KEY POINTS

- Among patients achieving endoscopic response (47.37%), SIUS-CD index decreased significantly by 3.43 ± 3.55 points between baseline and 6 months ($p < 0.0099$), while no significant changes occurred in non-responders.
- In patients reaching endoscopic remission (42.11%), SIUS-CD values were significantly lower than in non-remitters (4.63 vs. 7.63; $p < 0.0056$), but CRP and fecal calprotectin showed no statistically significant differences between groups.
- Endoscopic remission was defined as SES-CD ≤ 3 or Rutgeerts score $< i2$, and endoscopic response as $>50\%$ or ≥ 3 -point SES-CD reduction or ≥ 1 -point Rutgeerts decrease, with physicians blinded to the other modality.
- The authors suggest that ultrasound and endoscopy correlated better than biomarkers for assessing disease activity and propose that imaging techniques should be prioritized in follow-up strategies.

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