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Summary

ROLE OF INTESTINAL ULTRASOUND IN THE DIAGNOSIS OF POST-OPERATIVE RECURRENCE IN CROHN'S DISEASE

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In a retrospective study of 103 Crohn's disease patients, intestinal ultrasound wall thickness and hyperemia correlated with endoscopic post-operative recurrence, but existing ultrasound activity scores did not discriminate between patients with and without recurrence.

KEY POINTS

- Wall thickness and hyperemia (Limberg >1) both showed 89.0% sensitivity and 76.7% specificity for diagnosing post-operative recurrence defined as Rutgeerts score ≥i2b
- Mean wall thickness was significantly greater in patients with post-operative recurrence (5.0 mm, SD ±1.7) compared to those without recurrence (2.7 mm, SD ±1.3), p=0.001
- Three ultrasound activity scores (Simple US Score, SUS-CD, and IBUS-SAS) showed poor discrimination with AUC values of 48-51% and no statistical difference between patients with and without endoscopic recurrence
- The authors conclude that new ultrasound scores specifically adapted to post-operative recurrence may be needed, as existing disease activity scores were not reliable in this setting

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