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Summary

The role of endoscopy in diagnosis and monitoring of IBD: Present and future directions

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Endoscopy in inflammatory bowel disease serves multiple essential roles today—diagnosis, monitoring disease activity, guiding treatment—and is evolving toward AI-integrated molecular assessment of intestinal barrier healing to predict patient trajectories and personalise monitoring.

KEY POINTS

- The speaker stated that endoscopy is currently used for IBD diagnosis with segmental biopsies and histology, monitoring disease activity and response to therapy, assessing endoscopic healing as a treatment target, and guiding treatment adjustments.
- Updated ECCO guidelines show different monitoring approaches for ulcerative colitis versus Crohn disease, with cross-sectional imaging playing a greater role in Crohn disease and endoscopy remaining central in ulcerative colitis.
- STRIDE-3 introduces patient-centered targets and concepts including transmural healing for Crohn disease and histologic remission for ulcerative colitis, though the speaker noted histological remission in ulcerative colitis has conflicting observational evidence.
- The speaker stated that future directions include molecular healing with intestinal barrier assessment, AI-driven spatial-temporal imaging providing disease granularity without virtual chromoendoscopy, and integration of endoscopy, histology, multi-omics, and cross-sectional imaging to predict outcomes and stratify patients.
- The speaker's group has developed AI systems using advanced imaging with claudin-2 expression to predict long-term patient outcomes and automated intestinal barrier assessment.

– In the Q&A, the speaker recommended that despite patient reluctance, endoscopy cannot be completely replaced for surveillance and treatment decisions, and noted that endocytoscope and virtual chromoendoscopy are widely available and affordable, while confocal laser endomicroscopy remains limited by cost to research settings.

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