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Summary

INTESTINAL ULTRASOUND TRANSMURAL HEALING REDUCES THE RISK OF CROHN'S DISEASE RELAPSE AMONG PATIENT WITH ENDOSCOPIC HEALING: RESULTS OF A PROSPECTIVE STUDY

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In a prospective study of 93 Crohn's disease patients with endoscopic healing, ultrasound transmural healing was associated with a threefold lower risk of relapse over 22.5 months of follow-up.

KEY POINTS

- Among patients with endoscopic healing (CDEIS <4), 73% achieved ultrasound transmural healing defined as bowel wall thickness under 3 mm without color Doppler signal
- 26% of patients relapsed during median follow-up of 22.5 months, with relapse defined as need for treatment intensification, corticosteroids, hospitalization, fistula or abscess development, or surgery
- Multivariate analysis showed patients without ultrasound transmural healing had three times higher relapse risk (HR 3.07, p=0.007) compared to those with transmural healing
- Even among patients with complete endoscopic healing (CDEIS 0), those with intestinal ultrasound activity had significantly higher relapse rates than those with ultrasound healing (HR 3.65, p=0.040)
- The authors conclude that intestinal ultrasound transmural healing could be considered as a non-invasive therapeutic target in Crohn's disease

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