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Summary

ULTRASOUND IS EFFECTIVE TO IDENTIFY MUCOSAL HEALING IN CROHN'S DISEASE PATIENTS : RESULTS OF A CROSS-SECTIONAL STUDY

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A prospective cohort study of 153 Crohn's disease patients found that intestinal ultrasound, particularly when combined with fecal calprotectin, can effectively identify endoscopic mucosal healing with high specificity.

KEY POINTS

- Bowel wall thickness less than 3 mm on ultrasound predicted endoscopic mucosal healing (CDEIS score less than 3) with 56% sensitivity, 88% specificity, and 95% positive predictive value, with 2.5% of patients misclassified.
- Fecal calprotectin below 250 micrograms per gram showed 91% sensitivity, 63% specificity, and 90% positive predictive value, with 8% of patients misclassified.
- Combining calprotectin below 250 micrograms per gram with bowel wall thickness less than 3 mm and absent color Doppler signal achieved 97% positive predictive value and 95% specificity, with only 1% misclassification.
- The authors conclude that ultrasound is an efficient non-invasive alternative to colonoscopy for assessing mucosal healing in Crohn's disease.
- This material is most relevant for gastroenterologists managing Crohn's disease patients and considering non-invasive monitoring strategies.

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