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Summary

TRANSMURAL HEALING IS NOT ASSOCIATED WITH LESS DISABILITY THAN COMPLETE ENDOSCOPIC MUCOSAL HEALING: A PROSPECTIVE STUDY IN CROHN'S DISEASE PATIENT

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UEG Week Copenhagen 2023 Poster

IBD

October 15, 2023

In a cross-sectional study of 85 Crohn's disease patients in endoscopic remission, transmural healing did not reduce short-term disability compared to complete endoscopic healing alone.

KEY POINTS

- Transmural healing (CDEIS=0 plus bowel wall thickness <3 mm by ultrasound) was present in 47.1% of patients and was associated with 17.5% moderate-to-severe disability versus 25% in those with complete endoscopic healing alone, a difference that was not statistically significant (OR=1.57, p=0.525)
- Patients with ultrasound healing alone or no healing had higher rates of moderate-to-severe disability (44.4% and 45.4% respectively) compared to transmural healing (OR=3.77, p=0.035 for ultrasound healing versus transmural healing)
- The study defines moderate-to-severe disability as IBD-disk score ≥40 and enrolled consecutive patients who underwent intestinal ultrasound within 4 weeks of disability assessment
- The authors conclude that mucosal healing remains the objective to reduce short-term disability risk, as transmural healing offered no additional benefit over complete endoscopic healing

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