gutflix
GI learning, personalised

Summary

PERSISTENT TRANSMURAL DISEASE ACTIVITY ASSOCIATES WITH ABDOMINAL SURGERY AND DISEASE PROGRESSION EVEN IN ENDOSCOPICALLY-HEALED CROHN'S DISEASE

Nurulamin Noor

UEG Week Barcelona 2026 | Presentation

Histopathology | Surgery | Radiology & Imaging | Mechanisms & Personalised Medicine | Immunology | IBD

October 20, 2026

In a prospective RCT extension study of newly-diagnosed Crohn's disease patients, one-third with endoscopic remission (SES-CD ≤4) at week 48 had persistent transmural activity on MRE, and these patients had an 11-fold higher risk of abdominal surgery or disease progression over five years compared to those in both endoscopic and transmural remission.

KEY POINTS

- Among 137 patients achieving endoscopic remission at week 48, 46 (34%) had persistent transmural activity on MRE within endoscopically accessible sites, indicating discordance between endoscopic and transmural healing.
- Patients with residual transmural activity despite endoscopic healing had an 11% rate of abdominal surgery or progression to stricturing/penetrating disease over five years, compared to 1% in patients with both endoscopic and transmural remission (odds ratio 10.8, 95% CI 1.2–525, p=0.016).
- Residual transmural activity was almost exclusively in the terminal ileum (93%) and dominated by mural oedema (61%) and grade 3 wall thickening (54%), with deep ulceration uncommon (9%).
- Notably, 46% of discordant patients had an SES-CD of 0 despite ongoing transmural disease activity on MRE.
- The study was a five-year follow-up of the PROFILE multicentre RCT comparing top-down versus accelerated step-up therapy in 207 evaluable adults with newly-diagnosed active Crohn's disease who had paired centrally-scored week-48 ileocolonoscopy and MRE.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/aaae30ac-d12d-11f1-896d-daaa6dbee0a2

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.