

CORRELATION OF THE IBD DISK WITH INTESTINAL ULTRASOUND IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE

Olga Giouleme

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Poster

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A cross-sectional study of 69 IBD patients found that the IBD-Disk questionnaire score correlated significantly with intestinal ultrasound evidence of disease activity, with a score above 33 predicting active disease at 93.5% sensitivity and 91.3% specificity.

KEY POINTS

- The IBD-Disk total score (range 0-100) showed a median of 52 in ultrasound-active patients versus 16 in ultrasound-inactive patients ($p < 0.001$), with an area under the ROC curve of 0.909 for predicting ultrasound activity.
- An IBD-Disk score above 33 predicted active disease on intestinal ultrasound with 93.5% sensitivity and 91.3% specificity, and the score correlated moderately with bowel wall thickness ($p = 0.554$, $p < 0.001$) and C-reactive protein ($p = 0.686$, $p < 0.001$).
- High IBD-related daily life burden (IBD-Disk score > 40) was present in 87% of ultrasound-active patients versus 8.7% of ultrasound-inactive patients ($p < 0.001$), with median bowel wall thickness of 6 mm versus 2.1 mm respectively.
- Seven of 10 IBD-Disk components (abdominal pain, regulating defecation, education/work, sleep, energy, sexual function, and interpersonal interactions) showed moderate correlation with bowel wall thickness.
- The study authors conclude that IBD-Disk could be used in clinical practice to evaluate disease activity and severity in IBD patients, based on its correlation with objective ultrasound findings in this 69-patient cohort (42 Crohn's disease, 27 ulcerative colitis).

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