

The pan-enteric assessment of IBD: Is this the future of mucosal healing?

Salvatore Oliva

UEG Week Berlin 2025

Presentation

IBD

Mechanisms & Personalised Medicine

Surgery

October 7, 2025

Pan-enteric capsule endoscopy shows promise for treat-to-target monitoring in Crohn's disease but remains underutilised due to time burden and competition from imaging, though artificial intelligence may transform its clinical role.

KEY POINTS

- The speaker reported that capsule-guided treat-to-target strategy in 34 paediatric Crohn's patients, with capsule repeated every six months, increased deep remission rates from 20% to over 50% at one year with sustained better long-term outcomes.
- An Israeli randomised study in quiescent adult Crohn's disease found that capsule-based proactive therapy significantly reduced relapse rates at two years compared to conventional management.
- Capsule endoscopy demonstrated good diagnostic accuracy in both small bowel and colon, was superior to colonoscopy for proximal small bowel assessment, and enabled disease upstaging and phenotype characterisation.
- The speaker stated that AI-assisted capsule reading reduced interpretation time by tenfold with accuracy matching expert readers, and future automatic detection and cloud technology may enable point-of-care home testing.
- The speaker recommended using capsule primarily in mild or asymptomatic patients in remission rather than complicated disease, ideally combined with imaging to assess transmural healing and exclude stricturing that risks retention.
- In the speaker's view, capsule retention risk is lower in paediatrics than adults and can be mitigated by pre-procedural imaging or patency capsule, though retention fear and time burden limit routine adoption.

VIEW THIS CONTENT ON GUTFLIX

<https://gutflix.eu/search/d/dfc1b8a-a82e-11f0-ab37-0242ac140006>



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.