

CORRELATION BETWEEN ULTRASONOGRAPHIC LARGE BOWEL WALL THICKNESS AND FECAL CALPROTECTIN IN PATIENTS WITH IRRITABLE BOWEL SYNDROME

Sara Haj Ali

UEG Week Copenhagen 2023

Poster

Colorectal

October 15, 2023

In 50 patients with diarrhea-predominant IBS during symptom exacerbation, intestinal ultrasound revealed thickened bowel wall in the descending colon that correlated with elevated fecal calprotectin, particularly in the submucosal layer, without increased vascularity.

KEY POINTS

- Descending colon bowel wall thickness was 3.0 ± 0.11 mm compared to 1.2 ± 0.08 mm in the ascending colon, with the descending colon measurement showing significant correlation with fecal calprotectin levels (r 0.45, P 0.0012)
- Fecal calprotectin correlated specifically with submucosal layer thickness (r 0.50, P 0.0005) but not with mucosal or proper muscle layers
- Color Doppler ultrasound showed no increased mural blood flow (Limberg score grade 1) despite bowel wall thickening
- Colonoscopy was macroscopically normal but microscopic examination revealed edematous lamina propria, while blood tests and stool cultures were normal
- This study suggests intestinal ultrasound combined with fecal calprotectin may help characterize bowel wall changes in IBS-D patients during active symptoms

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