MRI FACTORS ASSOCIATED WITH RELAPSE FOLLOWING DISCONTINUATION OF BIOLOGIC MEDICATION IN CROHN'S DISEASE

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In Crohn's Disease patients stopping biologic therapy in clinical remission, maximum bowel wall thickness on MR enterography is associated with future relapse while presence or absence of residual disease alone is not predictive.

KEY POINTS

- Among 49 CD patients discontinuing biologics in clinical remission with median 55-month follow-up, 51% relapsed and 49% remained in remission
- Maximum wall thickness in the most severely affected segment was the only MRE observation significantly associated with relapse: 7.3 mm in relapse group versus 5.4 mm in no-relapse group (p=0.01)
- Approximately two-thirds of both relapse and no-relapse patients had residual small bowel disease visible on MRE prior to biologic cessation, indicating simple presence or absence of disease does not predict relapse
- Other MRE parameters including disease length, sMARIA score, fat-wrapping, and number of affected segments showed no significant association with relapse
- Bowel wall thickness may serve as a simple tool to guide decisions about discontinuing biologic medication in patients with residual disease on imaging

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