

USE OF INTESTINAL ULTRASOUND TO ASSESS FOR POSTOPERATIVE RECURRENCE IN CROHN'S DISEASE: AN INTERNATIONAL RAND/UCLA APPROPRIATENESS STUDY

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An international expert panel developed the first standardised recommendations for using intestinal ultrasound to assess postoperative recurrence in Crohn's disease after surgical bowel resection.

KEY POINTS

- Using the modified RAND-UCLA appropriateness method, 16 international experts (gastroenterologists, surgeons, radiologists, and methodologists) rated 122 statements across two voting rounds, with 80% achieving appropriate ratings with agreement.
- Intestinal ultrasound should not be performed within 4 to 6 weeks of surgery to avoid confusing surgical healing changes with disease recurrence, with the first optimal assessment recommended between 3 to 12 months after surgery.
- The panel identified 13 appropriate parameters to assess postoperative recurrence including bowel wall thickness, stratification, vascularity on Doppler, mesenteric inflammatory fat, lymphadenopathy, free fluid, abscess, inflammatory mass, fistula or sinus tract, stricture presence and characteristics, luminal narrowing, and pre-stenotic dilation.
- The entire anastomotic component should include colonic blind side, ileal blind side, and neoterminal inlet if visible, though uncertainty remains regarding measuring thickening within blind loops and whether these segments represent true postoperative recurrence.
- Bowel preparation or intravenous contrast is not required, and assessment should begin 1.0 cm from the most proximal part of the anastomosis when visible.

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