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Summary

Q&A: Comparative discussion: Choosing the right tool for the right patient

Postgraduate Teaching Programme Barcelona 2026 | Presentation

IBD

October 17, 2026

This panel discussion addressed the evolving role of intestinal ultrasound in IBD, with experts emphasizing that ulcerative colitis involves submucosal changes visible on ultrasound and that bowel wall thickness is the primary parameter for assessing transmural healing.

KEY POINTS

- The speaker stated that UC is not purely mucosal, with submucosal changes visible on intestinal ultrasound and treatment response in UC primarily reflected by decreases in submucosal thickness rather than mucosal thickness.
- Bowel wall thickness was identified as the single most important parameter for transmural healing, with colour Doppler signal as a useful second parameter to distinguish chronic structural changes from acute inflammation.
- Panelists described using intestinal ultrasound as a tool for monitoring in clinic when endoscopy cannot be scheduled, combined with faecal calprotectin, though endoscopy remains preferred before treatment escalation.
- The speaker noted that ultrasound cannot diagnose IBD alone because it shows inflammation without differentiating the cause, and endoscopy with biopsy remains necessary for diagnosis.
- Paediatric cut-off values for bowel wall thickness are slightly lower than adult values, reported as 2.7mm.
- MR enterography with oral contrast was stated to increase accuracy over conventional MRI by providing better distension of small bowel loops.

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