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Summary

Follow-up of the clinical case: Integrating imaging findings into management

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The speaker presented a case-based approach to monitoring ulcerative colitis, demonstrating that clinical remission with elevated faecal calprotectin requires objective reassessment and that endoscopy, histology, biomarkers, and intestinal ultrasound provide complementary information for treatment decisions.

KEY POINTS

- The speaker reported a UC patient in clinical remission with persistently elevated faecal calprotectin who underwent high-definition colonoscopy, revealing mild residual inflammation in the sigmoid and rectum with Mayo endoscopic score of one and histological inflammation with neutrophils.
- The speaker stated that two targets were not met in this case: biochemical remission and endoscopic remission, with endoscopic remission being an actionable treatment target while histological remission remains an adjunctive target.
- The speaker indicated that intestinal ultrasound was the preferred cross-sectional imaging option and an acceptable alternative to endoscopy for early response assessment, with findings concordant with endoscopy showing sigmoid wall thickness of four with colour Doppler signal.
- The speaker recommended a three-step management approach: exclude alternative explanations for elevated faecal calprotectin, optimise current treatment (in this case vedolizumab from every eight weeks to every four weeks), and reassess objectively with faecal calprotectin and intestinal ultrasound at approximately three months.
- The speaker emphasized that clinical remission does not necessarily indicate complete disease control and that the choice of monitoring tool should always be guided by the specific clinical decision that needs to be made.

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