



SESSION 3

EVALUATING SMALL BOWEL CROHN'S DISEASE: WHAT'S IN OUR TOOLBOX?

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Evaluation of the burden of small bowel Crohn's disease (SBCD) is an important aspect of the assessment of disease prognosis and severity, and also helps guide optimal management. The endoscopic and imaging modalities available for assessment each have advantages and limitations. These need to be recognized by gastroenterologists, so that the best modality(ies) may be selected for each individual at each decision point.

Capsule endoscopy is the most sensitive test for assessing SBCD. Moreover, the newer Crohn's capsule provides an overall assessment of the entire GI tract from esophagus to rectum. Upper endoscopy, deep enteroscopy and ileocolonoscopy are also standards of assessment, especially if histological diagnosis is required for a suspected Crohn's lesion. Notably, capsule endoscopy is contraindicated for patients with known or suspected GI tract strictures and capsule retention can be a major complication in those patients. Capsule endoscopy also has limited specificity, does not allow sampling and it is difficult to determine the exact location of the detected abnormalities.

Radiological modalities are less sensitive than capsule endoscopy; the sensitivity of computed tomography (CT) and magnetic resonance (MR) enterography is close to 90%. The use of these modalities has been shown to change gastroenterologist's management in about 50% of patients. Moreover, up to one-third of patients with CD have evidence of stricturing or penetrating complications at diagnosis, findings which are underdiagnosed without the aid of cross-sectional imaging. Enterography has also been shown to be reliable to monitor response to treatment. Furthermore, transmural healing (healing demonstrated by cross-sectional imaging) seems to be associated with better outcomes than mucosal healing.

The choice between CT and MR enterography depends on multiple factors, such as local availability of MRI and modern CT scanners with low-dose technology (iterative reconstruction), patient's age, number of prior scans, severity of the disease, etc.

Overall, endoscopic and radiological imaging modalities are complementary. Deciding on which modality to use for a particular evaluation should be individualized based on local factors (availability of expertise and technical resources) as well as patient factors such as comorbidities, comfort level, potential for stenotic disease, and need for accuracy of findings.





Key References

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