

Ultrasound detects ulcerative colitis disease activity

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(HealthDay)—A new ulcerative colitis intestinal ultrasound (UC-IUS)

index shows strong correlation with endoscopy for detection of disease activity, according to a study published in the August issue of the *Journal of Crohn's and Colitis*.

Steven Bots, M.D., from the Amsterdam University Medical Center, and colleagues developed an ultrasonographic activity [index](#) using [endoscopy](#) as the reference standard (evaluation of 207 colonic segments in 60 patients).

The researchers found that bowel wall thickness (BWT) >2.1 mm was optimal to discriminate between Mayo 0 and Mayo 1 to 3 (sensitivity, 82.6 percent; specificity, 93.0 percent; area under the curve, 0.910), while a cutoff of 3.2 mm was optimal to discriminate between Mayo 0 to 1 and Mayo 2 to 3 (sensitivity, 89.1 percent; specificity, 92.3 percent; area under the curve, 0.946). For Mayo 3, BWT >3.9 mm was optimal ([sensitivity](#), 80.6 percent; specificity, 84.1 percent; area under the curve, 0.909). Active [disease](#) was predicted by the presence of color Doppler signal (CDS). Stretches of CDS were associated with Mayo 2 to 3, lack of haustrations predicted active disease, and fat wrapping was associated with severe disease. There was a strong correlation noted between the index and endoscopic disease activity.

"We showed that IUS could be a reliable substitute for endoscopy for assessing disease activity in UC patients, except in patients with proctitis," the authors write.

More information: [Abstract/Full Text](#)

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