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