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TRANSMURAL HEALING IN CROHN'S DISEASE: BEYOND MURAL FINDINGS.**Lopes S¹, MD, Andrade P¹, MD, Cunha R², MD, Magro F¹, MD, PhD**

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To the Editor,

We read with great interest the article by Castiglione et al (1) reporting the rate of transmural healing (TH) in Crohn's disease (CD) patients on maintenance treatment with anti-TNF agents. After two years of biologic treatment, transmural healing (TH) was achieved in about 25% of patients. Diagnostic criteria for TH were a bowel wall thickening (BWT) ≤ 3 mm using bowel sonography and a BWT ≤ 3 mm without signs of hypervascularization using magnetic resonance enterography. It should be noted that this study focused on mural findings rather than on mesenteric signs of inflammation.

Herein, we report an interim analysis of our prospective tertiary center study aiming to evaluate the correlation between endoscopic disease activity, fecal markers and Computed Tomography Enterography (CTE) findings of inflammatory activity at diagnosis and one year after initiation of immunosuppressive therapy. Consecutive patients with newly diagnosed CD were evaluated by endoscopy, CTE and fecal calprotectin at diagnosis and 12 months after beginning immunosuppression. Endoscopic severity was assessed using the simplified endoscopic score

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