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Cross-sectional evaluation of transmural healing in Crohn's disease: Mural and mesenteric parameters.

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Dear Editor,

We read with interest the original article by Castiglione et al. and the letter regarding this article by Lopes et al. (1, 2). Castiglione and colleagues aimed to assess the rate of transmural healing (TH) by using two cross-sectional procedures; bowel sonography (BS) and magnetic resonance enterography (MRE) in patients with Crohn's disease (CD) who received anti-TNF alpha agents. We would like to discuss the effectiveness of MRE, BS, and Computed Tomography Enterography (CTE) to assess CD activation, which we believe is an important point in these studies. Determination of inflammatory activity in CD is crucial for the assessment of active disease. Although these radiological methods have been used in different clinical trials for CD, we still do not have a gold standard radiological method to assess disease activity in CD.

In this study, the authors showed that 35% of patients treated with anti-TNF alpha agents achieved MH. Moreover, 25% and 23% of patients reached MH in BS and MRE, respectively (1). Authors stated that there was a close relationship between MH and TH parameters, which were evaluated by both BS and MRE. This finding is consistent with previous results (3, 4). Unfortunately, in the current study, the authors did not mention the mesenteric parameter findings, which reflect bowel damage. In their report, Lopes et al. suggested that mesenteric findings may be better predictors of active CD. This consideration is also supported by previous studies (5). Lopes et al. performed CTE to detect mesenteric findings in their study. Additional reports indicated that among the various radiological methods, BS and MRE are safer when evaluating bowel damage in CD (6). Furthermore, we believe that another limitation of the current study is that it was designed as per-patient (7). A previous meta-analysis including thirty-three studies suggested that the high sensitivity values detected in per-patient based studies should be explained with an overestimation of sensitivity values. In other words, in the per-patient method, any patient with a positive finding is considered to have the disease without taking into consideration whether the localization of disease is accurate (8).

We believe the main radiologic targets in active CD patients should be to determine imaging parameters, and to select the most useful and safest diagnostic imaging methodologies. Previous reports defined the radiological parameters of MRE and BS in CD, which reflect the involvement of the intestines and mesentery.

In BS, mural parameters include bowel wall thickening, loss of wall stratification, stenosis, prestenotic dilatation, Doppler signal color, rigidity, fibro-fatty proliferation, lymphadenopathy, penetration, fistula, abscess, and ascites. Among parameters of bowel

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