Significance of abdominal ultrasound in IBD

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Why ultrasound?

Detail resolution (B-mode, CDI, CEUS)

Real time imaging
Orientation
Dietrich CF. Ultrasonography in large and small intestinal disease. UpToDate 2009
Asymmetry
TMR + LAP
Barreiros AP, Braden B, Schieferstein-Knauer C, Ignee A, Dietrich CF.
Characteristics of intestinal tuberculosis in ultrasonographic techniques.
Scand J Gastroenterol 2008; 43(10):1224-1231
What should we know about vascularity?

Disease Activity
Flußvolumen: 0.009l/min F= 0.02cm² D= 1.7mm TAn= 7.1cm/s
Hyperaemia as a sign of inflammation
Hypervascularity

Ischemia
Perianal ultrasound
ERUS
CEUS en top
CED
CED

CARITAS KH BAD MERNTHEM

17. Feb 09

12:03:47

4C1-S 8Hz
H4.5MHz 80mm
CPS AI
General /V
Send=0dB
M12d=1.9  TIS=0.6

S2/ /E:
CD:D2.0MHz
CD Verst = 50
MBD

Speichert 2:10:27

Pfeil setzen Löschen Schilf/End einst
Chronische Hepatitis C
310 patients with IBD
(226 Crohn’s disease, 84 ulcerative colitis)

Sonographically detected periportal lymphadenopathy

Cholestasis indicating enzymes

Normal sonographic and serologic examination

Complementary serological tests

• HBs-Ag, anti –HBe
• anti-HCV-RNA,
• ANA, ASMA
• AMA
• Serum ferritin, iron-binding capacity

Differential Diagnoses

• Viral hepatitis B
• Viral hepatitis C
• Autoimmune Hepatitis
• Primary biliary cirrhosis
• Hemochromatosis

Invasive procedure

• Endoscopic retrograde cholangiography

Final Diagnosis

Primary sclerosing cholangitis

Hirche TO, Russler J, Braden B, Schuessler G, Zeuzem S, Wehrmann T, Dietrich CF.
Sonographic detection of perihepatic lymphadenopathy is an indicator for primary sclerosing cholangitis in patients with inflammatory bowel disease”.