

An Audit Of Magnetic Resonance Enterography In The Diagnosis of Crohn's Disease In St. Vincent's University Hospital

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BACKGROUND

BSG/ECCO/ESGAR guidelines recommend Magnetic Resonance Enterography (MRE) as the first line radiological investigation for work-up of suspected Crohn's Disease (CD), in conjunction with biochemical and endoscopic investigations.

AIM

To audit if MREs performed in St Vincent's University Hospital from July 2019 to July 2020 for suspected CD are performed in conjunction with appropriate biochemical and endoscopic investigations.

METHODS

Retrospective review of MREs performed and correlated with findings of with patients' biochemical (FCP) and colonoscopy findings in previous 2 years.

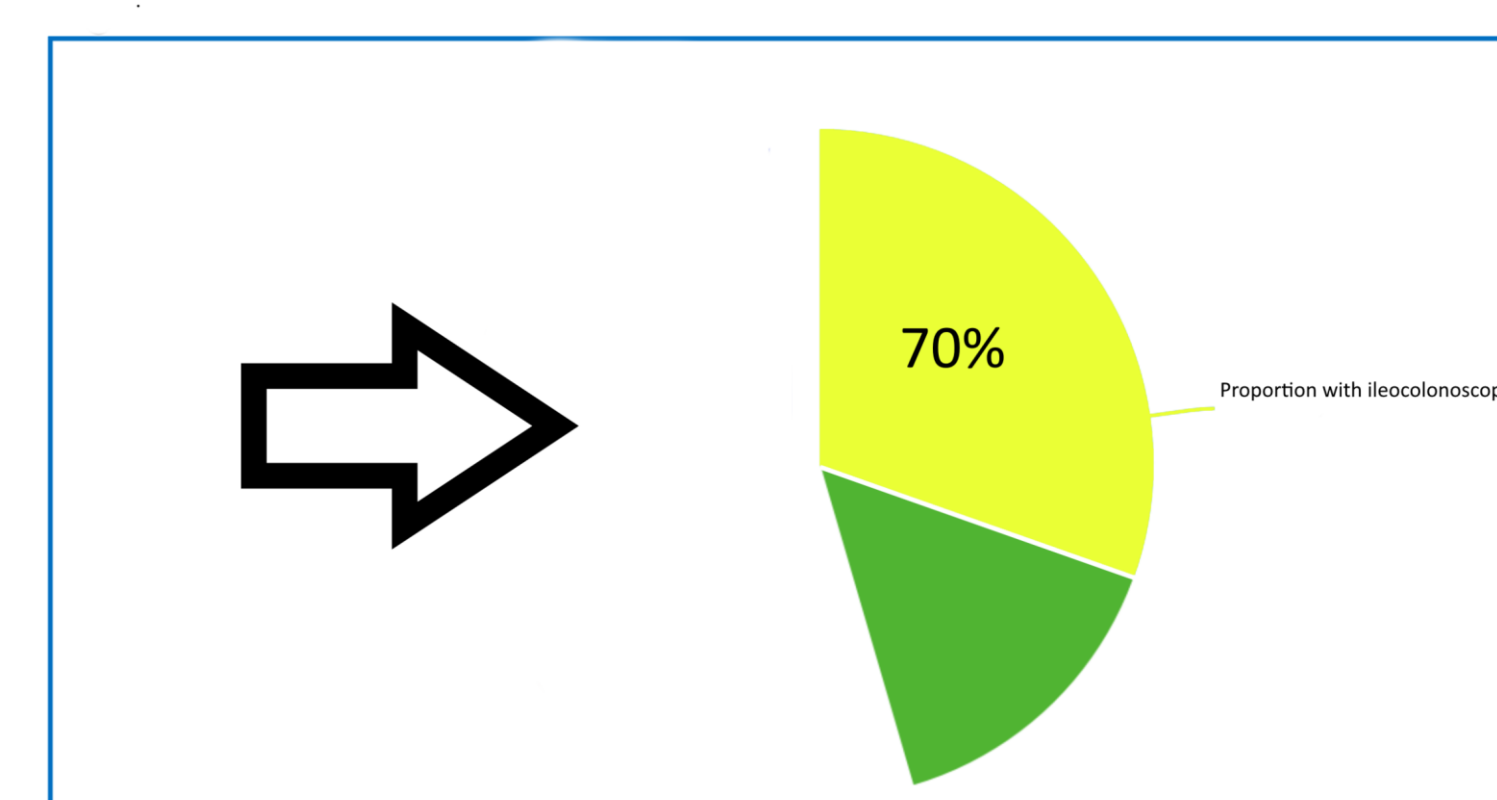
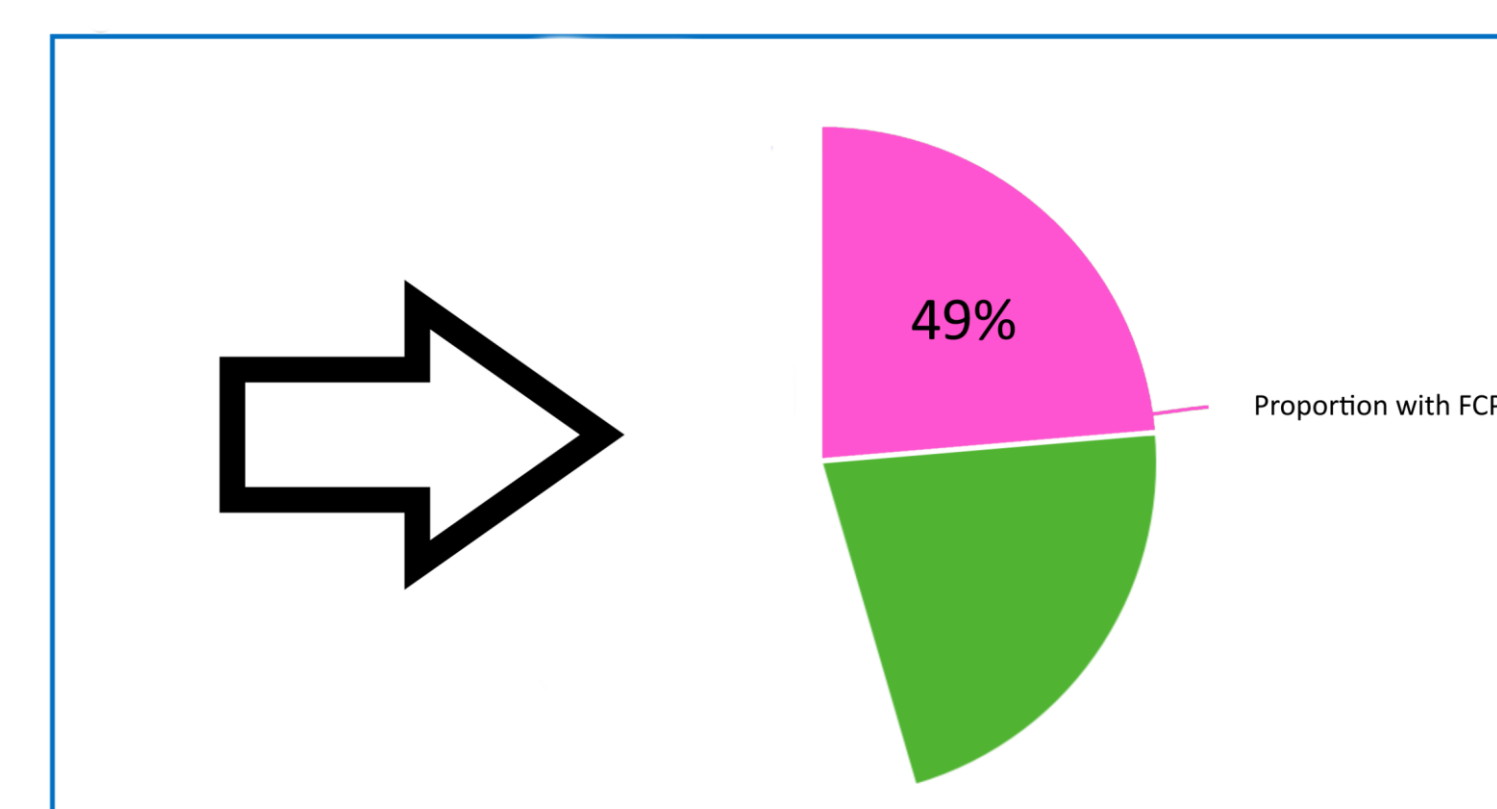
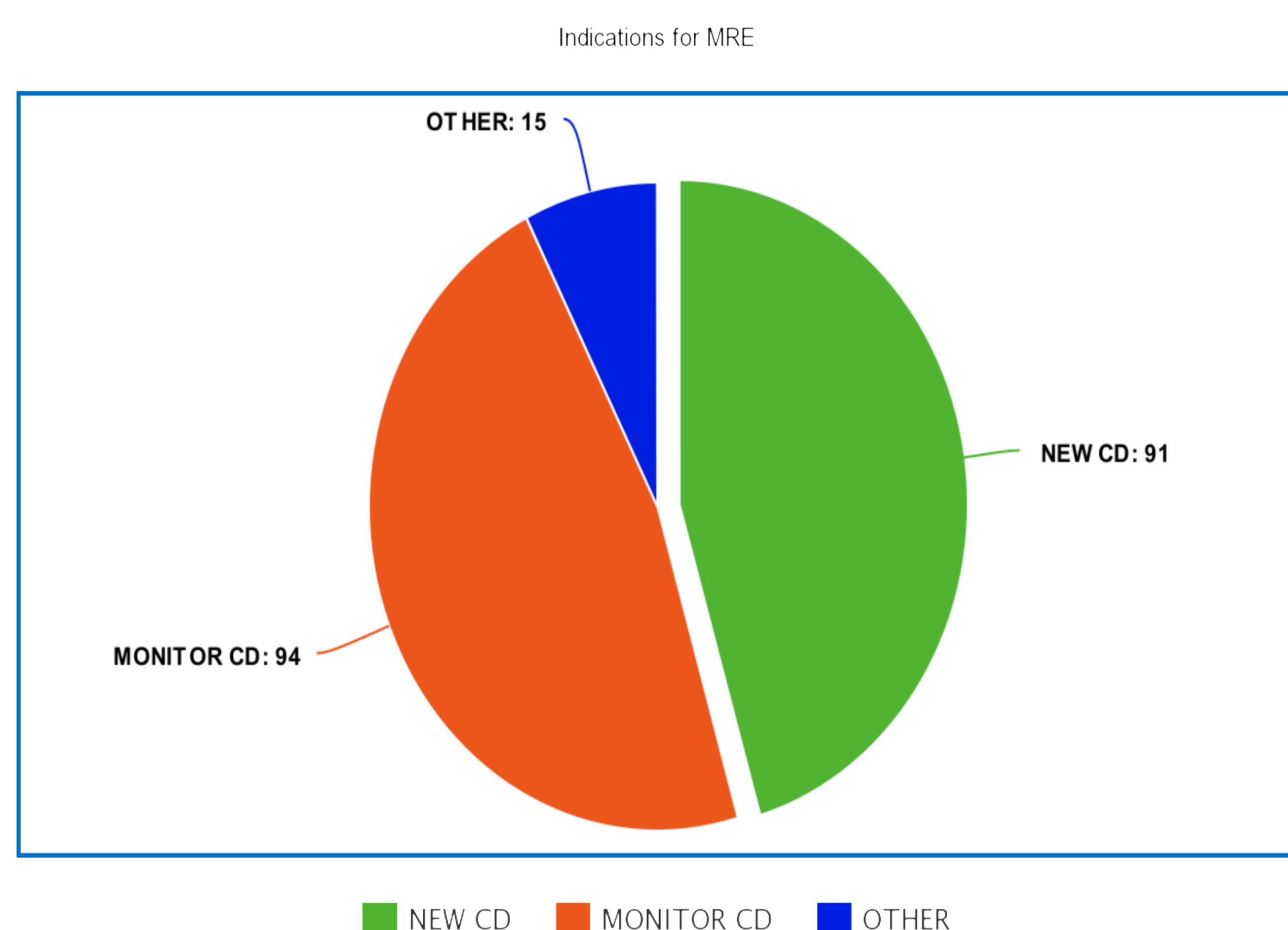
RESULTS

In total 200 MREs were performed during the study period, of which 91 were performed as work-up for suspected small bowel CD.

23/91 (25%) of the suspected new cases demonstrated radiological small bowel pathology consistent with Crohn's Disease. 44/91 of these suspected new cases of CD (48%) had a FCP and 64/91 (70%) had ileo-colonoscopy.

FCP was underutilized as a screening test with only 10/23 (43%) of new CD diagnosis having prior FCP and 8/10 (80%) of this group had a positive FCP.

All 12 of patients with new radiological CD diagnosis who had ileo-colonoscopy prior to MRE had endoscopic evidence of CD.



CONCLUSION

As MRE is a very limited resource at our institution all suspected cases should undergo FCP and Ileo-colonoscopy prior to MRE. FCP may help us more appropriately select patient to undergo MR due to the low positive yield from MREs performed, and ensuring ileo-colonoscopy may expedite time-to-diagnosis