

The role of DWI sequences in preclinical investigations of the sacroiliac joints anomalies in patients with Crohn's disease. Our experience

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Learning objectives

The purpose of this study is to establish the role to confer to diffusion weighted sequences (DWI) in the detection of early stage of sacroileitis in patients with Crohn's Disease (CD).

Background

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DWI sequences, useful to recognize the inflammatory component of the wall and to get "qualitative" informations about the state of the disease, may also play a role to identify the possible pathological involvement of the sacro-iliac joints in pre-clinical phase.

Images for this section:

Fig. 1: Initial signs of sacroiliitis in a patient with MC - fibrotic substenotic pattern evaluation STIR coronal .

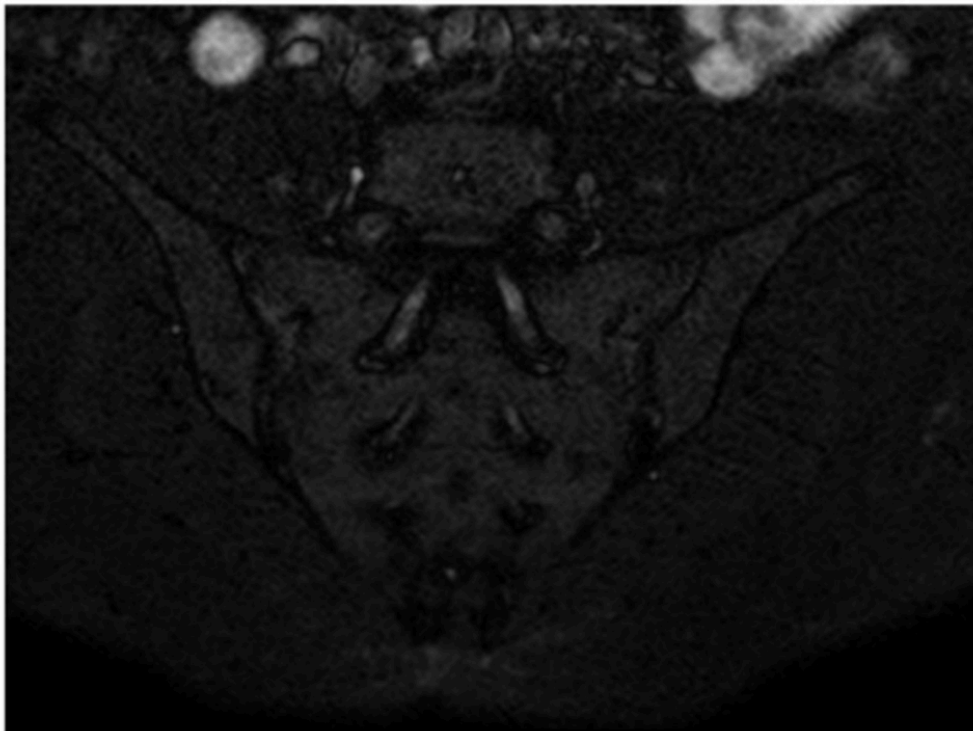


Fig. 1: Initial signs of sacroiliitis in a patient with MC - fibrotic substenotic pattern evaluation STIR coronal .

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Findings and procedure details

A slag free diet was followed by the patients during the three days before the examination; meantime, the previous day, a cathartic preparation, meaning the assumption of 4000 ml of water solution of polyethylene, was performed, in order to remove faecal rests and to simplify the progression of the oral contrast agent.

All patients with a positive histological data of CD were analyzed through colonoscopy.

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The examination took approximately 40 minutes, being able to confirm the specifically targeted sequences acquisition, during the ENTERO - RM, do not necessarily mean any increase of the duration of the whole examination.

Conclusion

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Our experience suggests that DWI integration and ADC mapping, performed during ENTERO MRI study, in patients analyzed to follow up CD, provide important additional informations for the sacroileitis diagnosis, being able to explain any change in early stage of pathology.

Images for this section:



Fig. 2: Evaluation of the ADC maps in a patient with MC - fistulizing pattern inflammatory and inflammatory signs of alteration of the sacroiliac joints , particularly on the right side .

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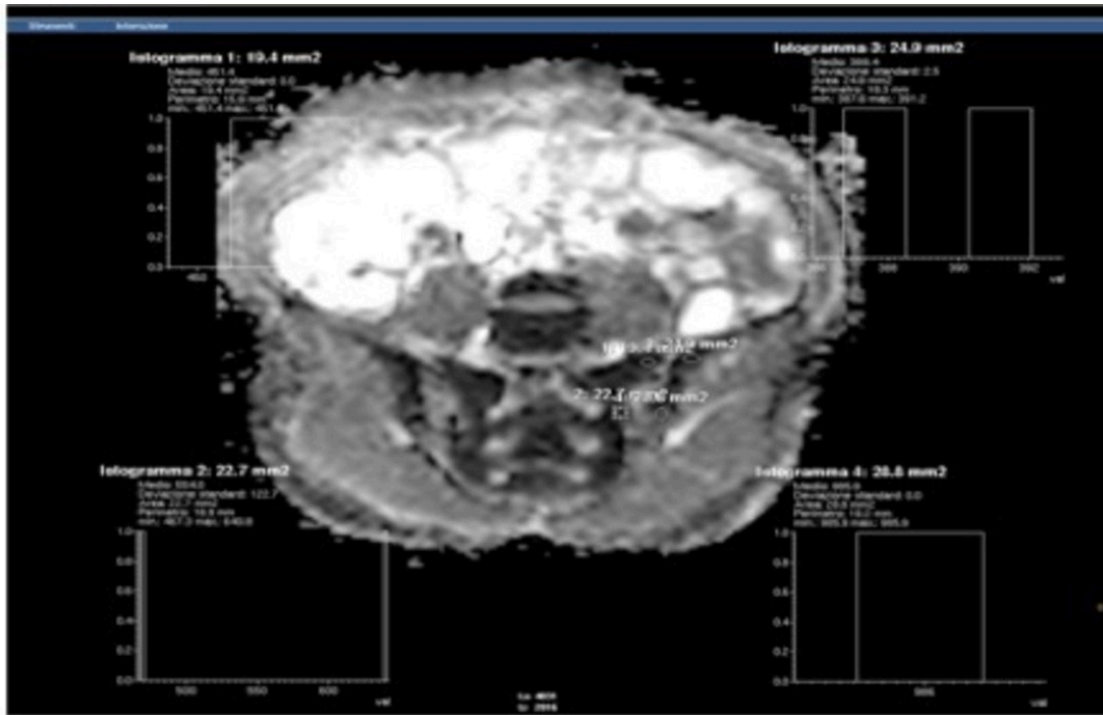


Fig. 3: Evaluation of the ADC maps in a patient with MC to pattern - fibrotic and stenotic initial signs of inflammatory alteration of the sacroiliac joints , particularly on the left side.

Fig. 3: Evaluation of the ADC maps in a patient with MC to pattern - fibrotic and stenotic initial signs of inflammatory alteration of the sacroiliac joints , particularly on the left side.

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Personal information

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