

## **Crohn's disease of small bowel:MR enteroclysis,dynamic contrast enhancement,and cross-sectional imaging**

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#### **PURPOSE**

The purpose of this study was to evaluate Crohn's disease of small bowel using MR enteroclysis,dynamic contrast enhancement,and cross-sectional imaging.

#### **METHOD AND MATERIALS**

Thirty-two patients known or suspected Crohn's disease underwent MR enteroclysis,dynamic contract enhancement and cross-sectional imaging. The small bowel was distended by intubation with water. MR imaging included T1-weighted, fat-suppressed T2-weighted, and fat-suppressed dynamic contrast enhancement sequences. For morphologic evaluation of the distended small bowel, coronal and axial breathhold T2-weighted FSE sequences, and coronal and axial dynamic contrast-enhanced SPGR images were performed. MR imaging findings of the abnormalities of Crohn's disease, such as the abnormalities of the bowel wall, mucosal and submucosal ulceration, fibrotic stricture or spasm of active disease, sinus tracts or fistulae, abscess were evaluated and compared with surgery.

#### **RESULTS**

Crohn's disease was diagnosed in 28 patients by the MR images. 14 of 28 patients had bowel wall thickening, with 10 showing mucosal and submucosal ulceration. Active inflammatory disease, with bowel wall thickening and irregularity of lumen indicate inflammatory thickening with ulcerations. Sinus tracts or fistulae could be observed in 8 patients. 4 of 28 patients demonstrated abscessus. MR enteroclysis is better than the other MR methods in detecting complications of Crohn's disease. Stictures, sinus tracts or fistulae, and abscesses were clearly showed by MR enteroclysis using water-soluble enteral contrast along with IV contrast enhancement.

#### **CONCLUSIONS**

The abnormalities of Crohn's disease and its complications can be identified by MR enteroclysis, dynamic contrast enhancement.Complications of Crohn's disease can be shown better when MR enteroclysis is performed.