LETTER TO THE EDITOR

Re: ^{18}F-FDG PET-MR enterography in predicting histological active disease using the Nancy index in ulcerative colitis: a randomized controlled trial

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Dear Sir,

We read with interest the article by Li et al. "^{18}F-FDG PET-MR enterography in predicting histological active disease using the Nancy index in ulcerative colitis: a randomized controlled trial. *Eur J Nucl Med Mol Imaging*" [1]. The authors describe that among the parameters of ^{18}F-FDG PET-MR enterography, the maximum standardized uptake value (SUV$_{max}$) ratio of bowel segment to the liver has the highest specificity and diagnostic accuracy to predict histologically active inflammation in ulcerative colitis (UC). They compared the sensitivity and specificity of SUV$_{max}$ ratios between patients with and without bowel purgation and reported that bowel cleaning reduced the specificity of the SUV$_{max}$ ratio.

Our group has previously reported that PET-CT detected intestinal inflammatory activity in UC patients [2]. We included 10 UC patients in deep remission defined as the absence of symptoms, endoscopic or histological activity. There was no bowel purgative in our study. We identified that 4 patients (40%) had increased uptake of ^{18}F-FDG despite deep remission.

Both our study and this new one by Li and colleagues demonstrate that PET imaging is an excellent non-invasive diagnostic modality to assess histologic and endoscopic inflammation in UC patients, and suggest that deeper levels of metabolically active inflammation occur and may be a novel endpoint for management and understanding the pathophysiology of UC.

Authors' contributions All authors contributed equally.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

References

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2. Rubin DT, Surma BL, Gavzy SJ, et al. Positron emission tomography (PET) used to image subclinical inflammation associated with ulcerative colitis (UC) in remission. Inflamm Bowel Dis. 2009;15(5): 750–5. https://doi.org/10.1002/ibd.20819.

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