Gastrointestinal ultrasound (GIUS) has gained an important role in the last decades as the first diagnostic tool for assessing patients with suspected inflammatory bowel disease and for the management and follow up of those with Crohn’s disease or ulcerative colitis. Thanks to its accuracy, repeatability and lack of invasiveness, GIUS is nowadays one of the preferred diagnostic tools in several IBD units both by doctors and their patients.

Despite these well-recognized advantages by international guidelines and increasing worldwide interest in GIUS for IBD, its use in real life has still some limitations. This is mainly due to the need of standardization and general agreement in the definition of the luminal and extra-intestinal features of the disease which has a great impact on training and in spreading its use, in particular among those physicians and specialist who regard ultrasound with skepticism due to its infamous operator-dependence.

For this reason our international team of experts in GIUS, under the umbrella of the European Federation of Societies for Ultrasound in Medicine and Biology, developed GIUS recommendations for assessing IBD, which will be shortly published as “EFSUMB Recommendations and Guidelines for Gastrointestinal ultrasound in IBD” in Ultraschall in der Medizin/European Journal of Ultrasound.

Starting from the analysis of the literature, which has been assessed according to the level of scientific evidence, and taking into account the authors’ great experience in intestinal ultrasound, the members of the task force group developed 34 recommendations with correspondent level of evidence, showing for the first time the sono- graphic criteria for defining and assessing Crohn’s disease and ulcerative colitis.

It has to be underlined that these guidelines, which are part of a guideline-series on GIUS that also covered examination of normal gastrointestinal tract and will cover transrectal / perineal ultrasound, acute inflammatory disorders, functional disorders and miscellaneous pathologies, present the consensus on current data on sono- graphic features of IBD, and summarise the accuracy of different sonographic modalities for the management of IBD patients to be used in the clinical setting, as well as in scientific studies.

We hope you will find these guidelines and recommendations helpful in your clinical work and an inspiration for future research.

Prof. Giovanni Maconi, Milan, Italy on behalf of the GIUS Task Force Group.