

CASE (N)	PREOPERATIVE IMAGING	SURGICAL FINDINGS
1	Short stricture of the terminal ileum over 5 cm with mild upstream small bowel dilatation.	5 cm stricture at terminal ileum with mild pre-stenotic dilatation. No fat wrapping.
2	20 cm of active inflammation at the terminal ileum which is in close proximity with the sigmoid colon.	15cm of terminal ileitis with ileo-sigmoid fistula and psoas abscess.
3	10 cm stricture at the neo-terminal ileum. Fat hypertrophy with upstream bowel dilatation	Recurrent crohn's disease with stricture at the anastomosis (10 cm of neo-terminal ileum) and upstream small bowel dilatation.
4	20 cm of distal ileum thickening with evidence of stricturing. Pre-stenotic dilatation of the ileum. Fistula to the sigmoid colon.	Penetrating crohn's disease of the terminal ileum (20 cm) with ileo-sigmoid fistula.
5	Active Crohn's disease involving the distal 30 cm of terminal ileum with a concomitant para-caecal abscess of 5 cm.	Perforated terminal ileum (35 cm) with abscess in the terminal ileum mesentery.
6	Transmural inflammation of the terminal ileum. Abdominal wall collection measuring 4.6 cm abutting the inflamed ileum and containing a gas bleb suggesting fistulation to the bowel.	Penetrating crohn's disease of the terminal ileum (with severe fat wrapping) with fistula to the abdominal wall and abdominal wall abscess.
7	Two short strictures in the distal ileum (35cm from the ileo-caecal junction). Also another mid ileum stricture of 3 cm. Moderate pre-stenotic dilatation of the small bowel.	Several strictures in the proximal ileum over 30 cm with moderate fat wrapping. Another 15 cm stricture in the distal ileum with mild fat wrapping.
8	5 cm segment of active inflammatory disease involving the ileo-caecal junction. Separate 20 cm segment of active disease within the distal jejunal/proximal ileum. Mild prestenotic dilatation.	40 cm of inflamed distal jejunum/proximal ileum. No distal ileum disease

Appendix 2.. Imaging and surgical findings of the 8 video-recorded cases.