Supplementary documents

Table S1 Definition criteria of each predictive variable

Findings	Definition in this study
Clinical manifestations	
Abdominal pain	The terms "abdominal pain", "abdominal pain in history of current complaint", "pain abdomen", and "pain" were included.
Diarrhea	The terms "diarrhea", "current watery diarrhea", and "chronic diarrhea" were included.
Hematochezia	The terms "hematochezia", "bloody stool", "blood in stools", and "rectal bleeding" were included.
Perianal disease	The terms "perianal disease", "perianal lesions", "anal fistula", "perianal fistula", "fistula in ano", and "anorectal lesion" were included.
Intestinal obstruction	The terms "intestinal obstruction", "partial bowel obstruction", "incomplete intestinal obstruction", and "recurrent intestinal obstruction" were included.
Abdominal mass	The terms "abdominal mass", "abdominal lump", and "right iliac fossa mass" were included.
Fever	The terms "fever", "recent fever" were included. For the data presented as "mild fever" and "severe fever", the total number patients was recorded.(30)

Weight loss	The terms "weight loss" and "weight loss in history of current complaint" were included.
Night sweats	The terms "night sweats" and "night sweat" were included.
Anemia	Anemia was defined by either clinical manifestations/features or laboratory features, and it was reported as a dichotomous variable ("yes" or "no").
Lung involvement	Lung involvement was defined by either clinical manifestations/features or imaging findings. The terms "pulmonary tuberculosis", "pulmonary involvement", "positive of chest X-ray", "abnormal pulmonary X-ray findings", "pulmonary infiltration/fibrosis", and "presence of pulmonary infiltration/fibrosis/nodule on chest X-ray/CT" were included.
Ascites	Ascites was defined by either clinical manifestations/features or imaging findings. The term "ascites" was included.
Extraintestinal manifestations	The terms "any extraintestinal manifestations", "extraintestinal manifestations", "extra-intestinal features", and "extraintestinal symptoms" were included. Some studies included only immunologic phenomenon such as arthritis, pyoderma gangrenosum, erythema nodosum, aphtous stomatitis, episcleritis, uveitis, and PSC. Some included thromboembolic events. Some included fatty liver. Some did not provide detail of which extraintestinal

	manifestations included.
Endoscopic findings	
Longitudinal ulcers	The terms "longitudinal ulcers", "linear ulcers", "deep linear/ serpiginous ulcers", and "fissure-shape ulcer" were included.
Transverse ulcers	The terms "transverse ulcers", "circumferential ulcers", "circular ulcers", and "ring-like ulcers" were included.
Aphthous ulcers	The terms "aphthous ulcers" and "aphthoid ulcers" were included.
Cobblestone appearance	The terms "cobblestone appearance", "cobblestone pattern", "cobblestone sign", "cobblestone-some appearance", and "cobble stoning" were included.
Patulous ileocecal (IC) valve	The terms "patulous IC valve", "deformation of IC valve", "persistent open IC valves", and "fixed-open IC valve" were included.
Pseudopolyps	The terms "pseudopolyps" and "scars or pseudopolyps" were included.
Intestinal stricture	The terms "stricture", "strictures of bowel" and "lumen stenosis" were included.
Mucosal bridge	The terms "mucosal bridge" was included.
Skip lesions	The terms "skip lesions" was included.
Nodularity	The terms "nodularity" and "mucosal nodularity" were

	included.
Pathological findings	
Presence of granuloma(s)	The presence of granuloma.
Confluent granuloma	The terms "confluent granulomas" and "confluence" in the section on granulomas were included.
Large granuloma	The definition of large granuloma was different among each study with a range of 200 to 500 micrometers. This detail was shown in a forest plot.
Multiple granulomas per section	The definition of multiple granulomas per section was different among each study with a range of "> 1/section" to "≥5/section". The terms of "more than 5" or "≥5" granulomas per section were included because they were reported most commonly.
Mucosal granuloma	The terms "granuloma in mucosa" and "mucosal granulomas" were included.
Submucosal granuloma	The terms "granuloma in submucosa" and "submucosal granulomas" were included.
Microgranuloma	The term "microgranuloma" was included.
Cuffing lymphocytes around granuloma	The terms "cuffing of lymphocytes around granuloma" and "lymphoid cuff" were included.
Ulcer lined by	The terms "ulcers lined by histiocytes", "ulcer with

histiocytes	histiocytes", "ulcer with epithelioid histiocytes", and "band of epithelioid histiocytes in ulcer base" were included.
Disproportionate submucosal inflammation	The term "disproportionate submucosal inflammation" was included.
Focally enhanced colitis	The term "focally enhanced colitis" was included.
CT enterography findings	
Short segmental involvement	The terms "length of involvement < 3 cm", "length of involvement < 5 cm", and "focal ileocecal lesion" were included.
Wall stratification	The term "mural stratification" was included.
Asymmetrical wall thickening	The terms "asymmetrical bowel wall thickening" and "asymmetric pattern of involvement (in morphology of involved bowel segments section)" were included.
Comb sign	The term "comb sign" was included.
Fibrofatty proliferation	The terms "fibrofatty proliferation" and "fat proliferation" in mesenteric changes section were included.
Serological tests	
Interferon-γ releasing assay	Both T-SPOT.TB and QuantiFERON-TB Gold were included
Anti-Saccharomyces cerevisiae antibody	ASCA IgG(1, 3, 33, 55) and ASCA IgG/IgA(2, 38, 56) were included

(ASCA)	

Table S2 Summary of all studies

Author, year	D	Subjects	Criteria CD	Criteria ITB	Site	Findings
Liu TH, 1981(28)	R	40 CD, 53 ITB Surgically treated patients, Selected cases from a total of 300 cases	Absence of caseous necrosis, noncaseous granuloma, if present, being scanty and not confluent; good sampling of bowel lesions and lymph nodes	Presence of caseous necrosis in either the bowel wall or in the regional lymph nodes; good sampling of bowel lesion and lymph nodes	Capital Hospital, Chinese Academy of Medical Sciences, Beijing, China 1949 to September 1979	Fissuring ulcer, widening of submucosa and cobblestone appearance are distinctive diagnostic features of CD. Caseous necrosis and/or presence of AFB are hallmark of ITB.
Zhou ZY, 2006(46)	R	30 CD, 30 ITB Consecutive patients	Pathological specimens obtained through colonoscopy, fine needle aspiration biopsy or open surgery.	Pathological specimens obtained through colonoscopy, fine needle aspiration biopsy or open surgery.	Renmin Hospital of Wuhan University January 1990-April 2004	Some cardinal symptomatic and physical, radiographic and colonoscopic features of CD and ITb were positive correlation (Pearson correlation score = 0.976, 0.953, and 0.061, respectively, p=0.000, 0.003, and 0.000). Some histological features of CD and ITb had no correlation (Pearson correlation score = 0.14, p=0.765).
Amarapurkar DN, 2008(33)	P	26 CD, 26 ITB Consecutive CD patients with equal number of ITB patients.	Based on morphological (radiological, endoscopic or surgical findings) and pathological criteria suggesting focal, asymmetrical, transmural or granulomatous features: exclusion of TB (by histology, microbiological and PCR studies) and complete resolution of symptoms and morphological (endoscopic and histological/microbiological) features after 1-year treatment of corticosteroid and 5-ASA preparations (with or without surgery).	Based on the following criteria: (1) presence of caseating granuloma on histology of diseased tissue (intestine, peritoneum or lymph nodes); (2)demonstration of AFB on smear or on histological section; (3) positive culture for AFB; (4)histological or microbiological confirmed TB at extraintestinal site; and (5) positive TB PCR. Complete resolution of symptoms and morphological (endoscopic and histological/microbiological) features after completion of standard ATT-(HERZ)2(HR)10	Bombay Hospital and Medical Research center, Mumbai, India January 2002-December 2004	On multivariate analysis, duration of symptoms, diarrhea, bleeding per rectum, fever were the independent predictors to differentiate between CD and ITB. Accuracy of predicting CD was 84.62% based on the fever, bleeding per rectum, diarrhoea and duration of symptoms Accuracy of predicting GITB was 73.1% when there was co-existing pulmonary lesions and/or abdominal lymphadenopathy
Gu Q, 2009(35)	R	33 CD, 34 ITB Inpatients	According to Cooperative Group of Inflammatory Bowel Disease of Chinese Medical Association 2001	Combination of clinical, radiographic, endoscopic, and pathological findings, and response to ATT	West China Hospital of Sichuan University 1996–2007	On univariate analysis; Features favored CD: longer duration of symptoms, hematochezia, extra-intestinal manifestations, ileus, cobble-stone sign and fissure-shape ulcers, stomach/jejunum/or ileal involvement. Features favored ITB: night sweating, hypoalbuminemia, high ESR, positive for serum Ab to mycobacterium, circular ulcers, and presence of granulomas.
Makharia GK, 2010(6)	P	53 CD, 53 ITB	On the basis of the European Crohn ' s and Colitis Organization guidelines	On the basis of characteristic clinical features (abdominal pain, constipation and/ or diarrhea, constitutional symptoms, and intestinal obstruction), endoscopic features (ileocecal area	All India Institute of Medical Sciences, New Delhi, India, 60 months, but	On multivariate analysis, blood in stool (OR 0.1 (CI) 0.04–0.5)), weight loss (OR 9.8 (CI 2.2–43.9)), histologically focally enhanced colitis (OR 0.1 (CI 0.03–0.5)), and involvement of sigmoid colon (OR 0.07(0.01–

				involvement ulcerations, nodularity, and strictures), histological features (presence of granulomas) and microbiological tests (presence of AFB on the smear examination or demonstration of AFB by PCR), and response to ATT (Paustian' s criteria with Logan' s modification)	did not state the definite recruitment time	0.3)) were independent predictors of ITB. Scoring system predicted diagnosis had ROC of 0.9089 for development set, and 0.892 for validation data set. Score = (– 2.5 × involvement of sigmoid colon) – (2.1 × blood in stool) + (2.3 × weight loss) – (2.1 × focally enhanced colitis) + 7
Pulimood AB, 2011(29)	R	68 CD, 41 ITB All were surgical cases with the indications of obtaining diagnosis or relief obstruction	Surgical specimens	Surgical specimens	Christian Medical College, Vellore, Tamil Nadu, India (Did not mentioned to year of recruitment; thus, potential to be the same patients as other studies by Pulimood et al.(31, 49) However, those studies presented only pathological findings, not clinical manifestrations. Therefore, it is unlikely to be the copied data)	Recurrent intestinal obstruction and altered bowel habit were significant parameters for CD. Fever, pulmonary involvement, abdominal distention were significant parameters for ITB.
Dutta AK, 2011(1)	P	30 CD and 30 ITB	Based on a combination of clinical, radiological, endoscopic and histological features suggested by European evidence based consensus on the diagnosis and management of Crohn's disease	Based on the presence of any of the following features: (I) Intestinal mucosal biopsy showing - a) AFB positive on histopathology or culture, and/or b) caseating granulomas, and/or c) large or confluent granulomas (II) Response to treatment.	Christian Medical College, Vellore, Tamil Nadu Jan 2006-Oct 2007	Features commoner in CD were longer duration of symptoms, blood mixed stool, presence of longitudinal ulcers and skip lesions on colonoscopy and more number of colonic segments involved (p=0.004). Anorexia was commoner in ITB patients (p=0.008). Positive ASCA was commoner in CD (30%) than ITB (10%) but did not reach statistical significance (p=0.1).
Li X, 2011(11)	R	130 CD and 122 ITB	Based on the clinical, radiographic, colonoscopic, and histologic features and accorded WHO criteria of CD which consists of six items: (1)discontinuous or segmental lesions (assessed by radiology, endoscopy, or resected specimen); (2)cobblestoning or longitudinal ulcers (assessed by radiology, endoscopy, or resected specimen); (3) transmural inflammation (present when a mass is palpated clinically or in a resected specimen or a stricture was seen on	Fulfilled one or more of: (1) presence of caseating granuloma on histology of diseased tissue (intestine, peritoneum, or lymph nodes); (2)demonstration of AFB on smear or on histological section; (3) positive culture for AFB; (4) histological or microbiological confirmed TB at extraintestinal site; (5) positive TB PCR; (6) highly suspected cases considered by the combination of clinical, ileo-colonoscopic and histological features, and sensitive response to ATT.	3 centers in South China (Xiangya, 2nd Xiangya, the affiliated hospital university of Jishou) June 2003 – February 2009	The clinical features helpful in differentiating CD from ITB are hematochezia, intestinal surgery, perianal diseases, pulmonary tuberculosis, ascites, and positive of PPD skin test; the sensitivity, specificity, accuracy, PPV, and NPV of regression mathematical model established by clinical features were 90.3, 76.8, 83.8, 80.7, and 88.0%, respectively. The endoscopic features helpful in differentiating CD from ITB were rectum involved lesions, longitudinal ulcer, cobblestone appearance, fixed-open ileocecal valve, transverse ulcer, and

			radiology, endoscopy, or resected specimen); (4) non-caseating granulomas (on histology); (5) fissures or fistulae (found on clinical examination and/or in radiology/ resected specimen); (6) perianal disorders (present clinically and/or in histology/ resected specimen). A definite diagnosis was made when either 1 + 2 + 3 were present with any one of 4/5/6 or when 4 was present with any two of 1/2/3.			rodent ulcer; the sensitivity, specificity, accuracy, PPV, and NPV of regression mathematical model established by endoscopic features were 82.9, 82.0, 82.5, 82.9, and 82.0%, respectively.
Yu H, 2012(12)	R	53 CD and 43 ITB	According to the management consensus of CD of Europe and the Asia-Pacific region. All patients had been followed up ≥ 1 year	Based on one or more of the following indications: (1)demonstration of caseating granuloma in histological sections, (2) radiological, and/or pathological evidence of active tuberculosis elsewhere and dramatic response to ATT, and (3) strong suspicion of tuberculosis by both clinical and histological characteristics, together with a sensitive response to ATT	Nanfang Hospital, Guangong province, China January 2001-December 2010	On multivariate analysis, longitudinal ulcers was the independent factor for CD, and night sweat and presence of granuloma in tissue section. Using these factors building a model with ROC of 0.864 (95% CI 0.79-0.94)
Cheng L, 2013(34)	R	107 CD, 69 ITB	According to Cooperative Group of Inflammatory Bowel Disease of Chinese Medical Association Response to Crohn's disease therapy with follow up period > 1 year	Clinical and endoscopic response (ulcers disappeared on follow up endoscopy) to standard ATT ≥ 6 month without recurrence after follow up period ≥ 9-12 months Presence of caseous granuloma on pathological sections	Wuhan University, Wuhan, China January 2011 to January 2012	Clinical and endoscopic scoring system including active pulmonary TB, positive PPD test, perianal disease, extraintestinal manifestations, involvement ≥ 4 segments, rectal involvement, longitudinal ulcers, cobblestone appearance, and circular ulcers had a positive diagnostic rate for CD of 50.47% (54/107) and for ITB of 66.67% (46/69)
Liu YY, 2014(30)	R	38 CD and 30 ITB, retrospectively collected from medical records of hospitalized patients	According to Cooperative Group of Inflammatory Bowel Disease of Chinese Medical Association 2007	any of the following: (1) presence of caseating granulomas on histology of disease tissue (intestine, peritoneum, or lymph nodes); (2)demonstration of AFB on smear or on histological section; (3) positive culture for AFB; (4) histological or microbiological confirmed TB at extraintestinal site; (5) positive result of TB-PCR; (6) highly suspected cases considered by the combination of clinical, endoscopic, and histological features and sensitive response to anti-TB drugs.	Renmin Hospital and Zhongnan Hospital of Wuhan University May 2007 to October 2012	On univariate analysis, rural patients with abdominal pain as the first symptom and with transverse ulcer and caseating granulomas were more common in the ITB group than the CD group, whereas urban patients with stool change as the first symptom, moderate or severe anemia, thickening of intestinal wall, rectal involvement, skipping distribution, prominent lymphoid aggregates, and irregular glands were more common in CD group than ITB group ($P < 0.05$).
Larsson G, 2014(13)	P	37 CD and 38 ITB, prospectively consecutively collected. Exclude: HIV, malignancy	Crohn's disease (as per ECCO guidelines 2010 and management consensus of inflammatory bowel disease for the Asia-Pacific region 2006) - Exclusion of infectious enterocolitis - Endoscopic: ileal disease, rectal sparing, confluent deep linear	Intestinal tuberculosis (as per modified Paustian's criteria: (a), and one or more of (b) and (c) had to be fulfilled) (a) Endoscopic apparent intestinal tuberculosis: transverse ulcers, pseudopolyps, involvement of fewer than four intestinal	Four South India Medical Centers Oct 2009-July2012	On multivariate analysis, weight loss and nodularity of the mucosa were independently associated with ITB, with adjusted odds ratios of 8.6 (95%CI: 2.1-35.6) and 18.9 (95%CI: 3.5-102.8) respectively. Right lower abdominal quadrant pain on examination and involvement of ≥ 3 intestinal

			ulcers, aphthoid ulcers, deep fissures, fistulae, skip lesions (segmental disease), cobble-stoning - Histological: focal (discontinuous) chronic (lymphocytes and plasma cells) inflammation and patchy chronic inflammation, focal crypt irregularity (discontinuous crypt distortion) and granulomas (not related to crypt injury) Samples from ileum: irregular villous architecture	segments, patulous ileocoecal valve (b) Histological evidence of tubercles/granu omas with caseation necrosis in intestinal biopsies (c) Clinical response to ATT trial		segments were independently associated with CD with adjusted odds ratios of 10.1 (95%CI: 2.0-51.3) and 5.9 (95%CI: 1.7-20.6), respectively.
Haung X, 2015(17)	P	Newly diagnosed 25 CD and 40 ITB, prospectively collected.	According to the WHO diagnostic criteria based on clinical, radiographic, colonoscopic, and histologic features	According to the following criteria: (1) the identification of *Mycobacterium tuberculosis* by acid-fast staining or culture of biopsied specimens; (2) the presence of caseating granulomas on histological examination; and (3) an improvement of clinical and endoscopic disease activity after at least 3 mo of anti-TB therapy.	First Affiliated Hospital of Nanchang University Aug 2011 to July 2012	12 features from univariate analysis, including longitudinal ulcers, nodular hyperplasia, cobblestone-like mucosa, intestinal diseases, intestinal fistula, the target sign, the comb sign, night sweats, the purified protein derivative test, the interferon-γ release assay (T-SPOT.TB), ring ulcers and ulcer scars, were selected for the scoring system. Each feature gave +1 if favored CD or (-1) if favored ITB. Total score of the CD group was 3.12 ± 1.740, the average total score of the ITB group was -2.58 ± 0.984, the best cutoff value for the ROC curve was -0.5, and the diagnostic area under the curve was 0.997, which was statistically significant ($P < 0.001$).
Singh B, 2015(48)	R	303 CD and 203 ITB, retrieve all medical records	On the basis of ECCO guidelines, using a combination of clinical, endoscopic, and histological features	On the basis of characteristic clinical features (abdominal pain, constitutional symptoms, and intestinal obstruction), endoscopic features (ileocecal area involvement, ulcerations, nodularity, and strictures), histological features (presence of granulomas) and microbiological tests (presence of AFB on smear examination or culture), and response to ATT (Paustian's criteria with Logan's modification)	All India Institute of Medical Sciences, New Delhi, India 2005-2012	Relative to ITB, CD patients had higher frequencies of peripheral arthropathy ($p<0.001$), aphthous stomatitis ($p=0.01$), any EIM ($p<0.001$), and multiple EIMs ($p<0.001$).
Hatemi I, 2012(37)	R	40 CD, 20 ITB Case-control study	Unclear	Culture positive for MTB in stool or tissue. All cases were confirmed by post treatment colonoscopy	Istanbul University, Turkey December 1999-September 2011	In a binary logistic regression model, fever, perforation, granuloma and high CRP levels were important to distinguish ITB from CD regarding endoscopic and radiologic findings.
Study mainly focused on inflammatory markers						
Liu S, 2013(36)	R	29 CD, 30 ITB Case-control study	Clinical manifestations, radiologic, endoscopic and pathological evidences	Pathological findings, Ziehl-Neelsen staining and fluorescent quantitative PCR	Medical School of Nanjing University, Jinling Hospital,	CRP was 20.2 ± 4.26 mg/dL in CD and 28.2 ± 5.41 mg/dL in ITB ($P=0.379$). ESR was 23.8 ± 3.18 mm/hr in

					Nanjing, China January 2008 and December 2011	CD and 27.6 ± 4.55 mm/hr in ITB (p=0.832)
Study mainly focused on endoscopy						
Lee, YJ, 2006(10)	P	44 CD, 44 ITB	At least two of the following criteria: a) clinical history of abdominal pain, weight loss, malaise, diarrhea, and/or rectal bleeding; b)endoscopic findings of mucosal cobblestoning, linear ulceration, skip areas, or perianal disease; c) radiologic findings of stricture, fistula, mucosal cobblestoning, or ulceration; d) macroscopic appearance of bowel-wall induration, mesenteric lymphadenopathy, and "creeping fat" at laparotomy; e) pathologic findings of transmural inflammation and/or epithelioid granulomas	At least one of the following criteria: a)histologic evidence of caseating granulomas; b) histologic demonstration of AFB; c) growth of MTB on tissue culture; d) clinical, colonoscopic, radiologic, and/or operative evidence of ITB with proved tuberculosis elsewhere; e) response to ATT without subsequent recurrence in patients with clinical, colonoscopic, radiologic, and/or operative evidence of ITB	Asan Medical Center in Seoul, Korea Jan 2001-Jan 2003	4 parameters were significantly more common in patients with CD: anorectal lesions, longitudinal ulcers, aphthous ulcers, and cobblestone appearance 4 parameters were significantly more common in ITB: involvement of fewer than 4 segments, a patulous IC valve, transverse ulcers, and scars or pseudopolyps The scoring system from the above parameters could make the diagnoses correctly in 77 of 88 patients (87.5%).
Studies mainly focused on pathological findings						
Pulimood AB, 1999(31)	R	20 CD, 20 ITB were selected out of a total of 81 CD and 138 ITB	On the basis of well-established clinical, endoscopic, radiological, and histological parameters.	On the basis of well-established clinical, endoscopic, radiological, and histological parameters. Two cases were diagnosed by response to ATT	Christian Medical College, Vellore, Tamil Nadu, India 1986-1996	The histological parameters characteristic of ITB were multiple (mean number of granulomas per section: 5.35), large (mean widest diameter:193 μm), confluent granulomas often with caseating necrosis. Other features were ulcers lined by conglomerate epithelioid histiocytes and disproportionate submucosal inflammation. The features characteristic of Crohn's disease were infrequent (mean number of granulomas per section: 0.75), small (mean widest diameter: 95 μm) granulomas, microgranulomas (defined as poorly organized collections of epithelioid histiocytes), focally enhanced colitis, and a high prevalence of chronic inflammation.
Pulimood AB, 2005(49)	R	31 CD, 33 ITB (3 CD, 2 ITB were part of their earlier study(31))	On the basis of a combination of clinical, radiological, endoscopic, and histological features. Required minimum 1 year follow up	On the basis of a combination of clinical, radiological, endoscopic, and histological features. Dramatic response to ATT	Christian Medical College, Vellore, Tamil Nadu, India 1996-2000	The salient distinguishing features of TB were granulomas larger than 400 μm in maximum dimension, more than four sites of granulomatous inflammation per site, caseation, a band of epithelioid histiocytes in ulcer bases and location of granulomas in the caecum. The salient features of CD were granulomas not showing any of the above features, focally enhanced colitis, pericryptal granulomatous inflammation, and the presence of architectural

						alteration/activity/chronic inflammation/deep ulceration at sites that did not show granulomatous response in the same or adjacent segments.
Kirsch R, 2006(45)	R	25 CD, 18 ITB Consecutive patients	Based on established clinical, radiological, histological, and microbiological parameters.	Based on (1)demonstration of AFB in histological sections(n = 12); (2) culture of MTB from colonic biopsy specimens (n = 2); (3) positive sputum culture and prompt response to ATT (n = 2); or (4) strong suspicion of TB on both clinical and histological grounds, together with a prompt response to ATT (n = 2).	Groote Schuur Hospital, Cape Town, South Africa 1984-2004	Parameters helpful in diagnosis; Clinical parameter: chest radiographic features of TB (56% vs 0%), perianal fistulae (0% vs 40%) and extraintestinal manifestations of CD (0% vs 40%) Pathological parameters differentiate ITB and CD: confluent granulomas, ≥10 granulomas per biopsy site and caseous necrosis. Pathological features observed more in ITB: granulomas exceeding 0.05 mm^2 (67% v 8%), ulcers lined by conglomerate epithelioid histiocytes (61% v 8%) and disproportionate submucosal inflammation (67% v 10%).
Jin XJ, 2010(7)	R	42 CD, 55 ITB	At least two of the following criteria: (1) clinical history of abdominal pain, malaise, diarrhea, and/or rectal bleeding; (2) endoscopic findings of mucosal cobblestoning, linear ulceration, skip areas, or perianal disease; (3) presence of enterocutaneous or entero-enteric fistulae and/or chronic perianal disease; and (4) resolution of symptoms and morphological (endoscopic and histological) features after corticosteroid and 5-ASA therapy	At least two of the following criteria : (1)demonstration of AFB on histologic examination of Ziehl-Neelsen stained sections; (2) positive MTB culture; (3) radiologic, colonoscopic, and/or operative evidence of ITB with proven tuberculosis elsewhere; and (4) response to ATT without subsequent recurrence in patients with radiologic, colonoscopic, and/or operative evidence of ITB.	Inha University Hospital, Incheon, Korea 1996-2007	The sensitivities and specificities of the TB-PCR test by kit <A>, kit <B>, and the in-house PCR method were 88.9% and 100%, 88.9% and 100%, and 66.7% and 100% in positive and negative controls, respectively A combination of histologic findings and TB-PCR testing led to an increase of diagnostic sensitivity and the increase (from 47.3% to 58.2) was statistically significant with kit <B> (P = 0.000).
Studies mainly focus on PCR						
Amarapurkar DN, 2004(32)	R	20 CD, 60 ITB	Based on clinical, endoscopic and radiological parameters with exclusion of ITB, biopsy showing either non-specific inflammation or non-caseating granulomas with negative AFB smear or culture, evidence of extra-intestinal manifestations, good clinical response to steroids and failure of clinical improvement after ATT	Any of the following criteria: Presence of AFB on histology or positive AFB culture, presence of caseating or non-caseating granulomas on biopsy, associated evidence of active TB at other sites which were confirmed on biopsy or on AFB culture along with a complete response in all patients to ATT	Jagjivanram Western Railway Hospital and BYL Nair Ch Hospital and TN Medical College, Mumbai 2001	Tissue PCR was positive in 21.6 % cases of ITB and 5 % CD.
Fei BY, 2014(8)	P	36 CD, 29 ITB	Based on well-established clinical, endoscopic, radiological, and histological parameters in accordance with the criteria in the literature	At least one of the following criteria was met: 1) histological evidence of a caseating granuloma, 2) histological demonstration of AFB, 3) intestinal granulomatous inflammation accompanied by	Zhejiang Province People's Hospital, China June 2010 - March 2013	Fecal FQ-PCR for MTB was positive in 24 (82.8%) ITB patients and 3 (8.3%) CD patients. Tissue PCR was positive for MTB in 16 (55.2%) ITB patients and 2 (5.6%) CD patients. Compared with tissue FQ-PCR,

				histologically or microbiologically confirmed extraintestinal TB, and 4) a positive MTB culture. Response to 2-3 months of ATT in uncertain cases		fecal FQ-PCR was more sensitive (P=0.02).
Studies mainly focused on CT enterography						
Park YH, 2013(44)	R	64 CD, 17 ITB	2 of the following criteria of the Japanese diagnostic criteria were met: (1) clinical history of abdominal pain, weight loss, malaise, diarrhea, and/or rectal bleeding; (2) endoscopic findings of mucosal cobblestone, linear ulceration, skip areas, or perianal disease; (3) radiologic findings of stricture, fistula, mucosal cobblestone, or ulceration; (4) macroscopic appearance of bowel wall induration, mesenteric lymphadenopathy, and "creeping fat" on laparotomy; and (5) pathologic findings of transmural inflammation and/or epithelioid granulomas	one of the following criteria: (1) caseating granuloma on the histologic examination, (2) histologic demonstration of AFB, (3) isolation of MTB on tissue culture, and (4) tuberculosis PCR.	Seerance Hospital, Yonsei, Seoul, Korea Jan2006-Aug2011	On univariate analysis, segmental involvement, comb sign, fibrofatty changes, moderate wall thickening, and asymmetric distribution were significant predictors for CD.
Zhao HS, 2014(15)	R	141 CD, 47 ITB Inpatients	Based on the clinical, radiographic, colonoscopic, and histological features and accorded with the WHO criteria	1 of the following criteria: (1) presence of caseating granuloma on histology of diseased tissue (intestine, peritoneum, or lymph nodes) or noncaseating well-formed granuloma(s) consisting of Langhan's giant cell with epithelioid cells with a peripheral cuff of lymphocytes; (2) presence of AFB on smear or on histological section; (3) positive culture for AFB; (4) associated active pulmonary TB; or by the absence of other disease on histological examination of the biopsy obtained from the colonic lesions, along with a successful ATT.	Ruijin Hospital, Shanghai, China Jan 2008-March 2013	On univariate analysis, CT findings indicative of CD were involvement of the left colon, asymmetric pattern of involvement and abscess, comb sign. CT findings indicative of ITB were the distribution of the lymph nodes along the right colic artery, contracture of ileocecal valve, fixed patulous ileocecal valve and lymph nodes with central necrosis
Kedia S, 2015(14)	R	54 CD, 50 ITB Only patients who underwent CT before treatment	On the basis of the European Crohn's and Colitis Organization guidelines, with a combination of clinical, endoscopic and histological features failed to response to ATT and subsequently response to oral steroids/CD specific therapy in indeterminate cases	An appropriate clinical setting with the demonstration of necrotizing granulomas on histopathology or demonstration of AFB on histopathology or culture of intestinal tissue response to ATT in indeterminate cases	All India Institute of Medical Sciences Aug 2008-July 2011	On multivariate analysis, ileocecal involvement, long-segment involvement and the presence of lymph node ≥1 cm were statistically significant. Based upon these variables, a risk score (with values ranging from 0 to 3) was generated, • scores 0 and 1 having specificity of 100 % and 87 %, respectively, and PPV of 100 % and 76 %, respectively, for ITB • scores 2 and 3 having specificity of 68 % and 90 %, respectively, and PPV of 63

						% and 80 %, respectively, for CD
Mao R, 2015(16)	P	67 CD, 38 ITB Consecutive patients Inclusion criteria (i) presence of subjective symptoms, including abdominal pain and/or diarrhea; (ii) definite lesions suspected on colonoscopy to be ITB or CD; (iii) the patient was not receiving ATT; (iv) the patient had not received biological therapy or immunosuppressive agents within the previous year Exclusion criteria (i) history of intestinal resection; (ii) diagnosis was uncertain or was changed from CD or ITB to another disease during follow-up.	At least two of the following criteria: (a) clinical history of abdominal pain, weight loss, malaise, diarrhea, and/or rectal bleeding; (b)endoscopic findings of mucosal cobblestoning, linear lceration, skip areas, or perianal disease; (c) radiologic findings of stricture, fistula, mucosal cobblestoning, or ulceration; (d) macroscopic appearance of bowel-wall induration, mesenteric lymphadenopathy, and "creeping fat" at laparotomy; and (e) pathologic findings of transmural inflammation and/or epithelioid granulomas + response to Crohn's treatment	At least one of the following criteria: (a) caseating granuloma on histological investigation; (b)demonstration of AFB on histological investigation; (c) MTB found on tissue culture; or (d) clinical and endoscopic response after 6 months of ATT without subsequent recurrence	The First Affiliated Hospital of Sun Yat-sen University, Guangzhou, China The First Affiliated Hospital of Nanchang University, Nanchang, China The Second Xiangya Hospital of Central South University, Changsha, China June 2011-Dec2013	On multivariate analysis, segmental small bowel involvement (OR 0.104, 95%CI 0.022-0.50), and comb sign (OR 0.02, 95%CI 0.003-0.26) were independent factors of Crohn's. Combining CTE and colonoscopic findings increased the accuracy of diagnosing either CD or ITB from 66.7% to 95.2%.
Studies mainly focused on interferon-gamma releasing assay and ASCA						
Makharia GK, 2007(56)	P	59 CD, 30 ITB, 25 UC, 21 healthy subjects	On the basis of the presence of characteristic clinical manifestations (chronic diarrhea, hematochezia, abdominal pain, and intestinal obstructive manifestations), endoscopic features (skip lesions, asymmetrical involvement, deep ulcers, aphthous ulcers, ileocecal valve involvement, and terminal ileal involvement), and histological evidence (acute or chronic colitis, presence of inflammation extending beyond muscularis mucosae, lymphoid follicles, and noncaseating granuloma)	On the basis of characteristic clinical features (abdominal pain, constipation and/or diarrhea, constitutional symptoms, intestinal obstruction), endoscopic features (ileocecal area involvement, ulcerations, nodularity, and strictures), histological features (presence of caseating granuloma), microbiological test (presence of AFB on the smear examination or demonstration of AFB by PCR), and/or response to ATT	All India Institute of Medical Sciences, New Delhi, India (not mention to year of recruitment)	There was no significant difference in ASCA IgA (33.9% vs. 43.3%), ASCA IgG (50.86% vs. 46.6%), or ANCA (10.7%, 7.4%) in patients with CD and IT, respectively.
Ghoshal U, 2007(55)	P	16 CD, 16 ITB, 38 controls (35 UC, 11 healthy subjects, 1 colonic carcinoma) Prospective case-control study	Based on endoscopic, radiological, histological parameters and findings at laparotomy in some patients	Demonstration of AFB either in intestinal biopsy or another site with or without granuloma at histology and response to treatment with ATT.	Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow, India Jan 2001 - Dec 2003	50% of ITB, 62% of CD, 26% of UC, and 8.3% of non-IBD control subjects tested positive for ASCA in serum. The positive rate in ITB and CD were not statistically different.
Lee JN, 2010(47)	R	60 patients (44 CD, 12 ITB, 2 Behcet's	Clnical manifestation, endoscopic findings, and pathological findings, with an exclusion of ITB, and response to treatment	Any of the following: (1) presence of AFB in histological section; (2) positive culture for AFB; (3) presence of caseous	Pusan National University Hospital, Korea	The sensitivity, specificity, PPV, and NPV of T-SPOT.TB for diagnosis of ITB were 100%, 83.3%, 60.0%, and 100%

		disease) (potentially duplicated data with the study by Beak et al. However, in Beak, only IGRA results were presented. We included only the clinical manifestation and endoscopic findings of this study in our analyses)	for CD	granuloma in histological section; (4) responded to ATT in clinical suspicious cases. The response was confirmed by follow up colonoscopy at 2-3 months.	January 2007 to January 2009	respectively.
Kim YS, 2011(38)	P	72 CD, 75 ITB, 20 healthy controls	The Japanese diagnostic criteria	At least one of the following criteria: a) histologic evidence of caseating granulomas; b)histologic demonstration of AFB; c) growth of MTB on tissue culture. Response to ATT in 2-3 months in uncertain cases	13 hospitals in Korea June 2007-Nov2008	ASCA positive in 44% of CD, 13.3% of ITB, and 15% of healthy control ($p<0.01$) IGRA positive in 9.7% of CD, 66.6% of ITB ($p<0.01$) In cases which ASCA positive/QFT negative, the sensitivity, specificity, PPV, and NPV for the diagnosis of CD were 44.4%, 96.0%, 91.4%, and 64.3%, respectively
Li Y, 2012(2)	P	65 CD, 19 ITB	Presence of at least 3 different histologic features; or presence of non-caseating granulomas on histology with at least one other feature; or resolution of symptoms and morphologic (endoscopic and radiographic) features after 3 to 12 months' treatment of corticosteroid and 5-ASA preparations or anti-TNFα biologics. Histological features included; (1) normal mucus content in the goblet cells of the inflamed region; (2) lymphocyte aggregation in the mocosa and submucosa; (3) non-caseating granulomas; (4) longitudinal ulcers/fissures; and (5) transmural inflammation or inflammation beyond mucosa Morphological features included (1)discontinuous/segmental and asymmetrical mucosal involvement; (2) deep mucosal longitudinal fissures/ulcers; (3) transmural inflammation; (4) rigid and strictured intestinal wall; and (5) presence of enterocutaneous or entero-enteric fistula and/or chronic perianal disease.	Any of the followings; (1)demonstration of AFB on histological examination of Ziehl-Neelsen stained sections; (2) positive MTB culture; (3) radiological, colonoscopic, and/or operative evidence of ITB with proven TB elsewhere; and (4) response to ATT without subsequent recurrence in patients with radiological, colonoscopic, and/or operative evidence of ITB.	Peking Union Medical College Hospital, China June 2008-Feb2010	On multivariate analysis, T-SPOT.TB (Hazard ratio 7.0, 95% CI 1.9–25.7) was found to be a good predictor for ITB diagnosis. The sensitivity, specificity, PPV, and NPV of T-SPOT.TB were 84.2%, 75.4%, 50.0%, and 94.2%, respectively
Lei Y,	R	103 CD, 88	According to the WHO diagnostic criteria	According to the following criteria: (i)	IBD center of	Abnormal pulmonary X-ray,

2013(3)		ITB		identification of MTB by acid-fast staining or culture in biopsied specimens; (ii) presence of caseating granulomas in histological examination or (iii) improvement of clinical and endoscopic disease activity after at least 3 months of anti-TB therapy.	Zhongnan Hospital 2003-2011	ascites and lesions of both cecum and ascending colon were more associated with ITB, while intestinal surgery and lesions of both ileum and adjacent colon were more commonly seen in CD. Significant diagnostic concordance was found using T-SPOT.TB (k = 0.786) by consistency test. The sensitivity, specificity, PPV and NPV were 86%, 93%, 88% and 91%, respectively.
Moon G, 2009(50)	N A	41 CD, 30 ITB, 30 volunteers	The presence of a granuloma in the histologic finding, by typical endoscopic findings, and by clinical symptoms	Either by the presence of a caseous granuloma in the histologic findings or by a clinical and endoscopic response to ATT for 3 months	Hanam Song Do Hospital, Song Do Colorectal Hospital, Korea June 2006-June 2008	Positive QFT-G test results were found in 27 ITB (90%), 6 CD (14.6%), and 2 normal volunteers (6.7%). Significant difference was noted between the ITB and the CD patients ($p<0.05$).
Baek DH, 2013(51)	N A	59 CD, 31 ITB	No data	No data	Pusan National University College of Medicine, Busan, Korea January 2007-January 2011	The sensitivity and specificity, PPV, and NPV of T-SPOT.TB blood test for ITB were 100%, 78.1%, 68.9%, and 100%, respectively
Kim SK, 2013(54)	N A	Overall 75, 11 CD, 22 ITB	No data	No data	Kyungpook National University, Daegu, South Korea October 2007-December 2011	The sensitivity, specificity, PPV, and NPV of QuantiFERON-TB Gold In-Tube test for ITB were 54.2%, 64.2%, 56.5%, and 79.1%, respectively.
He Y, 2014(52)	N A	108 CD, 40 ITB	No data	No data	First Affiliated Hospital, SunYat-Sen University, China	The sensitivity and specificity, PPV, and NPV of T-SPOT.TB blood test for ITB were 95.0%, 85.4%, 67.8%, and 98.1%, respectively
Kakkadasam Ramaswami P, 2014(53)	P	53 colonic ulcers (35 CD, 18 ITB), 30 normal subjects	No data	No data	Medical Trust Hospital, Ernakulam, India	The sensitivity, specificity, PPV, and NPV of QuantiFERON-TB Gold test for ITB were 94.4%, 85.7%, 77.2%, and 96.7%, respectively

R, retrospective; P, prospective; NA, no data available; CD Crohn's disease; ITB intestinal tuberculosis; MTB *Mycobacterium tuberculosis*; AFB acid fast bacilli; ATT anti-tuberculous therapy; PPV positive predicted value; NPV negative predicted value; OR odds ratio; CI confidence interval; ROC Receiver-operating characteristic; WHO World Health Organization; PCR polymerase chain reaction; CTE CT enterography; ASCA Anti-*Saccharomyces cerevisiae* antibody; IGRA interferon-gamma releasing assay

Table S3. Evaluation of study bias using QUADAS-2 tool

Author, year	Risk of bias			
	Patient Selection	Index Test	Reference Standard	Flow and Timing
Liu TH, 1981(28)	High	Low	Low	Unclear
Zhou ZY, 2006(46)	Low	Low	High	Unclear
Amarapurkar DN, 2008(33)	High	Low	Low	Low
Gu Q, 2009(35)	Low	Low	Low	Unclear
Makharia GK, 2010(6)	High	Low	Low	Low
Pulimood AB, 2011(29)	Unclear	Low	Low	Low
Dutta AK, 2011(1)	Low	Low	Low	Low
Li X, 2011(11)	Low	Unclear	Low	Low
Yu H, 2012(12)	Low	Low	Low	Low
Hatemi I, 2012(37)	High	Low	Unclear	Low
Cheng L, 2013(34)	Low	Low	Low	Low
Liu YY, 2014(30)	low	Low	Low	Unclear
Larsson G, 2014(13)	Low	Low	Low	Low
Haung X, 2015(17)	Low	Low	Low	Low
Singh B, 2015(48)	Low	Low	Low	Low
Studies mainly focused on inflammatory markers				
Liu S, 2013(36)	High	Low	Low	Low
Studies mainly focused on colonoscopic findings				
Lee YJ, 2006(10)	Low	Low	Low	Low
Studies mainly focused on pathologic findings				
Pulimood AB, 1999(31)	High	Low	Unclear	Low
Pulimood AB,	High	Low	Low	Low

2005(49)				
Kirsch R, 2006(45)	Low	Low	Low	Unclear
Jin XJ, 2010(7)	Low	Low	Low	Low
Studies focused on polymerase chain reaction results				
Amarapurkar DN, 2004(32)	Unclear	Low	Low	Unclear
Fei BY, 2014(8)	Low	Low	Low	Low
Studies mainly focused on computed tomography enterography findings				
Park YH, 2013(44)	Low	Low	Low	Low
Zhao HS, 2014(15)	Low	Low	Low	Low
Kedia S, 2015(14)	High	Low	Low	Low
Mao R, 2015(16)	Low	Low	Low	Low
Studies mainly focused on interferon-gamma releasing assay and ASCA				
Makharia GK, 2007(56)	Unclear	Low	Low	Unclear
Ghoshal U, 2007(55)	High	Low	Low	Low
Lee JN, 2010(47)	Low	Low	Low	Low
Kim YS, 2011(38)	Low	Low	Low	High
Li Y, 2012(2)	Low	Low	Low	Low
Lei Y, 2013(3)	Low	Low	Low	Low
Moon G, 2009(50)	Unclear	Low	Unclear	Low
Baek DH, 2013(51)	Unclear	Low	Unclear	Low
Kim SK, 2013(54)	Unclear	Low	Unclear	Low
He Y, 2014(52)	Unclear	Low	Unclear	Low
Kakkadasam Ramaswami P, 2014(53)	Unclear	Low	Unclear	Low

Table S4 Sensitivity analyses selecting for the studies with low bias

Findings	No. of studies	Positive in CD (%)	Positive in ITB (%)	Odds ratio for CD	95% CI	I^2 (%)	+LR for CD	- LR for CD	+LR for ITB	- LR for ITB
Demographic data										
Male gender (1-3, 8, 10, 12, 13, 15-17, 34, 44)	**12**	**513/772 (66.5)**	**255/502 (50.8)**	**1.89**	**1.49 – 2.40**	**0**	**1.31**	**0.68**	**0.76**	**1.47**
Clinical manifestations										
Abdominal pain (1-3, 8, 12, 13, 15, 34, 47)	9*	537/616 (87.2)	315/375 (84.0)	1.22	0.84– 1.78	0				
Diarrhea (1-3, 8, 12, 13, 15, 34, 47)	9*	378/615 (61.4)	189/370 (51.1)	1.48	0.96– 2.28	56.8				
Hematochezia (1-3, 8, 12, 15, 34)	**7**	**180/535 (33.6)**	**63/325 (19.4)**	**1.55**	**1.20– 2.01**	**0**	**1.74**	**0.82**	**0.58**	**1.21**
Perianal disease (1, 8, 12, 15, 34, 47)	**6**	**99/411 (24.1)**	**10/230 (4.3)**	**5.00**	**2.52– 9.94**	**0**	**5.54**	**0.79**	**0.18**	**1.26**
Obstruction (2, 3, 12, 15, 34, 47)	**6**	**91/513 (17.7)**	**24/278 (8.6)**	**2.31**	**1.42– 3.76**	**0**	**2.05**	**0.90**	**0.49**	**1.11**
Abdominal mass (1-3, 12, 34)	5	41/358 (11.4)	16/249 (6.4)	1.45	0.76– 2.76	0				
Fever (1-3, 8, 12, 13, 15, 34, 47)	**9**	**192/615 (31.1)**	**165/374 (44.1)**	**0.53**	**0.40– 0.71**	**0**	**0.70**	**1.23**	**1.41**	**0.81**
Weight loss (1, 3, 12, 13, 15, 34)	6	317/471 (67.3)	209/314 (66.6)	0.87	0.38– 2.00	84.0				
Night sweat (2, 8, 12, 15, 34)	**5**	**38/402 (9.5)**	**85/207 (41.1)**	**0.16**	**0.09– 0.26**	**12.3**	**0.23**	**1.54**	**4.34**	**0.65**
Anemia	Not done due to limited number of low-bias studies									
Lung involvement (2, 3, 12, 15, 34)	**5**	**36/467 (7.7)**	**108/264 (40.9)**	**0.14**	**0.07– 0.26**	**40.9**	**0.19**	**1.56**	**5.31**	**0.64**
Ascites (2, 3, 8, 12, 15, 44, 47)	**7**	**26/496 (5.2)**	**55/245 (22.4)**	**0.17**	**0.07– 0.38**	**34.0**	**0.23**	**1.22**	**4.28**	**0.82**
Extraintestinal manifestations (1, 3, 15, 34, 48)	**5**	**180/684 (26.3)**	**43/437 (9.8)**	**3.74**	**2.60– 5.40**	**0**	**2.67**	**0.82**	**0.37**	**1.22**
Endoscopic findings										
Longitudinal ulcers (1, 2, 8, 10, 12, 16, 34, 47)	**8**	**195/446 (43.7)**	**19/278 (6.8)**	**9.13**	**5.32– 15.68**	**3.7**	**6.39**	**0.60**	**0.16**	**1.65**
Transverse ulcers (1, 2, 8, 10, 12, 16, 34, 47)	**8**	**77/446 (17.3)**	**148/278 (53.2)**	**0.15**	**0.10– 0.22**	**0**	**0.32**	**1.77**	**3.08**	**0.57**

Aphthous lesions (1, 8, 10, 12, 13, 16, 34)	**7**	**119/374 (31.8)**	**42/278 (15.1)**	**3.12**	**1.40–6.98**	68.3	2.11	0.80	0.47	1.24
Cobblestone appearance (1, 2, 8, 10, 12, 16, 34)	**7**	**108/402 (26.8)**	**20/266 (7.5)**	**3.76**	**2.06–6.85**	**15.5**	**3.57**	**0.79**	**0.28**	**1.26**
Patulous ileocecal valve (1, 10, 12, 16, 34)	**5**	**29/297 (9.8)**	**64/210 (30.4)**	**0.21**	**0.09–0.48**	**43.3**	**0.32**	**1.30**	**3.12**	**0.77**
Pseudopolyps (1, 2, 8, 10, 12, 16, 47)	7	131/339 (38.6)	73/209 (34.9)	1.33	0.57–3.10	75.3				
Stricture (1, 2, 8, 10, 47)	5	70/219 (31.9)	26/128 (20.3)	1.58	0.91–2.72	0				
Mucosal bridging	Not done due to limited number of low-bias studies									
Skipped lesions	Not done due to limited number of low-bias studies									
Nodularity	Not done due to limited number of low-bias studies									
Location of involvement by colonoscopy										
Not done due to limited number of low-bias studies										
Pathologic findings										
Granuloma (7, 8, 10, 12, 13, 17, 47)	**7**	**88/263 (33.4)**	**158/240 (65.8)**	**0.25**	**0.13–0.50**	54.3	0.51	1.95	1.97	0.51
Other pathologic findings	Not done due to limited number of low-bias studies									
Computed tomography enterography findings										
Short segment	Not done due to limited number of low-bias studies									
Wall stratification	Not done due to limited number of low-bias studies									
Asymmetrical wall thickening (15, 16, 44)	**3**	**133/262 (50.7)**	**3/96 (3.1)**	**26.74**	**8.68–82.42**	**0**	**16.24**	**0.51**	**0.06**	**1.97**
Comb sign (15, 16, 44)	**3**	**228/262 (87.0)**	**18/96 (18.7)**	**43.69**	**20.82–91.69**	**0**	**4.64**	**0.16**	**0.22**	**6.26**
Fibrofatty proliferation (15, 16, 44)	**3**	**118/262 (45.0)**	**12/96 (12.5)**	**5.35**	**2.58–11.10**	**7.5**	**3.60**	**0.63**	**0.28**	**1.59**
Serology										
Positive IGRA (2, 3, 17)	**3**	**21/157 (13.4)**	**90/101 (89.1)**	**0.01**	**0.00–0.09**	71.4	0.15	7.95	6.66	0.12
Positive ASCA	Not done due to limited number of low-bias studies									

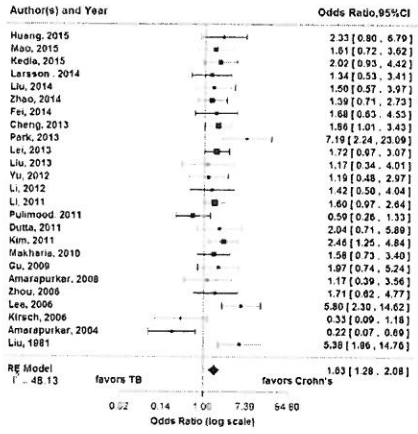
CD, Crohn's disease; ITB, intestinal tuberculosis; OR, odds ratio; CI, confidence interval; LR, likelihood ratio; IGRA, interferon-gamma releasing assay; ASCA, anti-Saccharomyces cerevisiae antibody

*Total numbers of patients are not equal although the studies included are the same between these 2 parameters because diarrhea was not reported in all subjects in one study

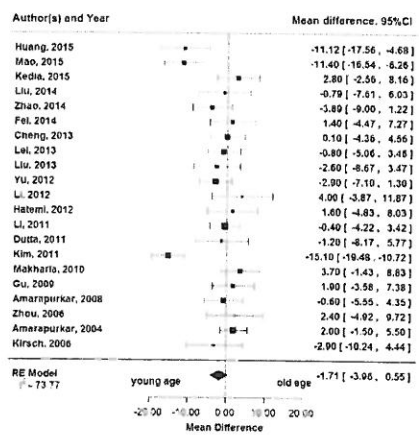
Supplementary Figures Forest plots of each predictive variable

Demographic data and clinical manifestations

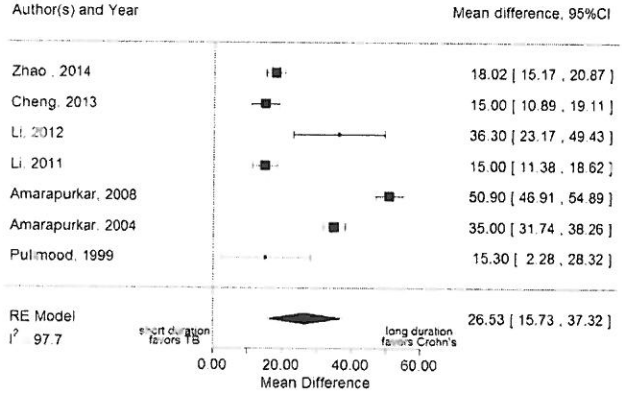
Male gender



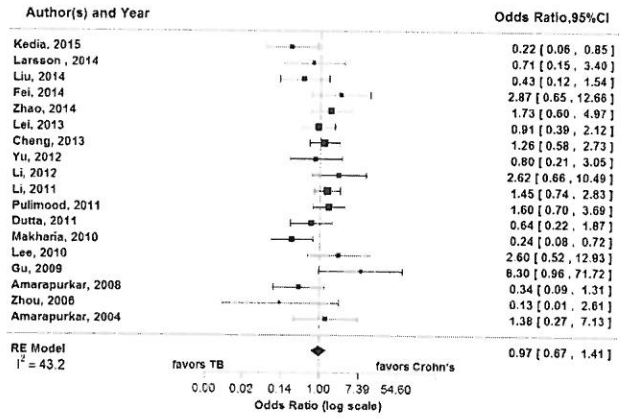
Age



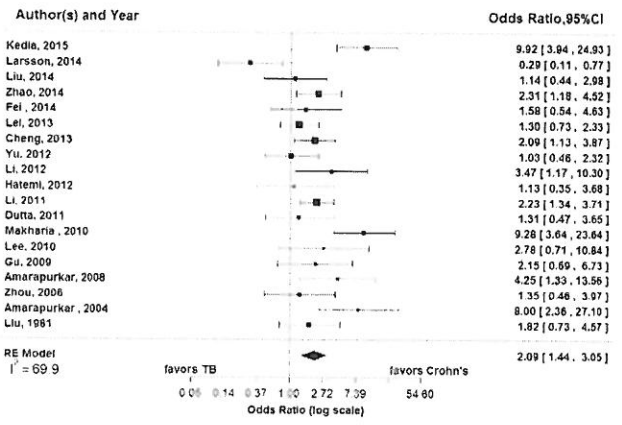
Duration of disease



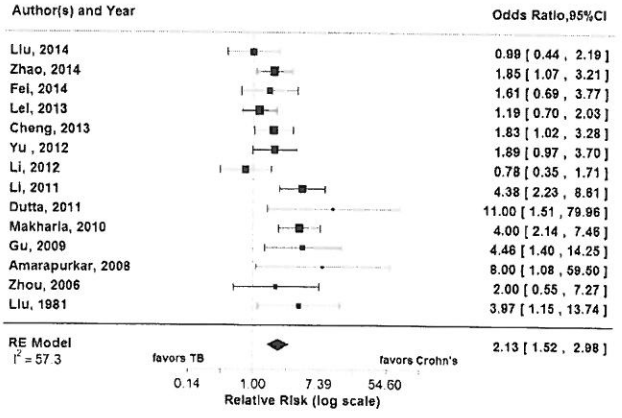
Abdominal pain



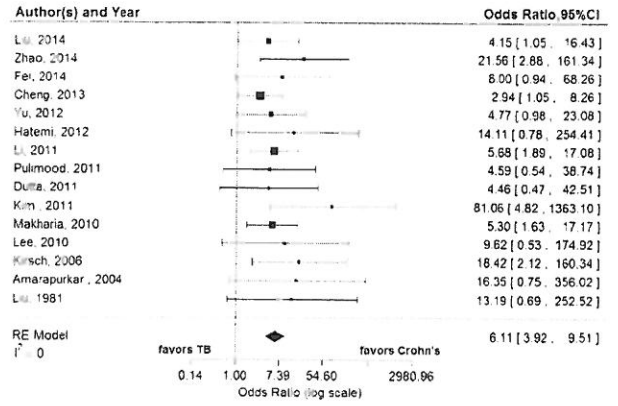
Diarrhea



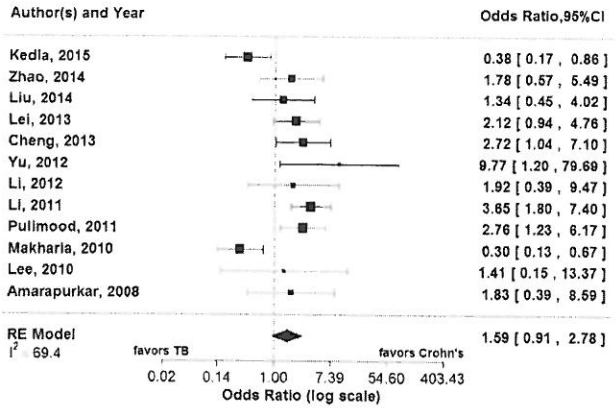
Hematochezia



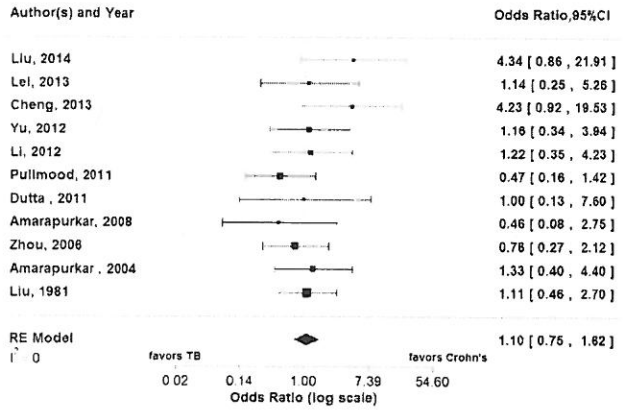
Perianal disease



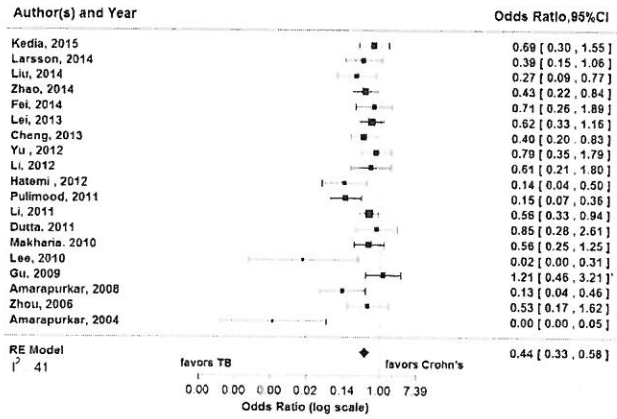
Intestinal obstruction



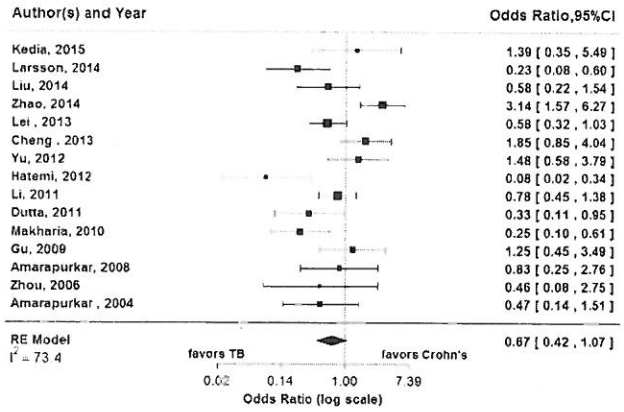
Abdominal mass



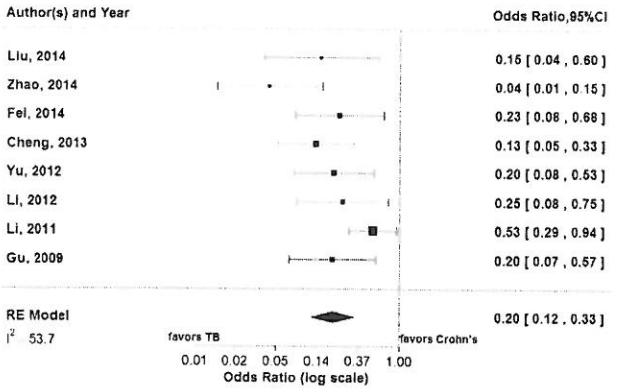
Fever



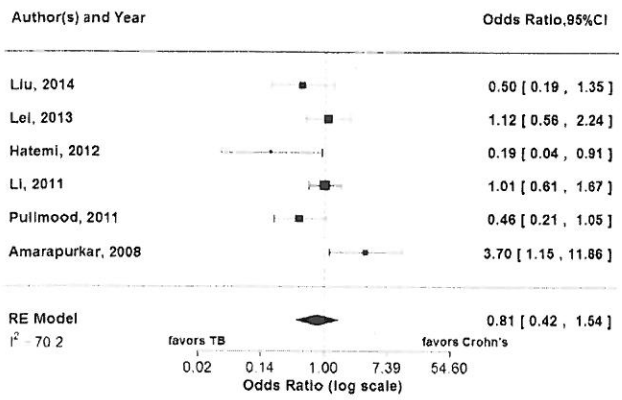
Weight loss



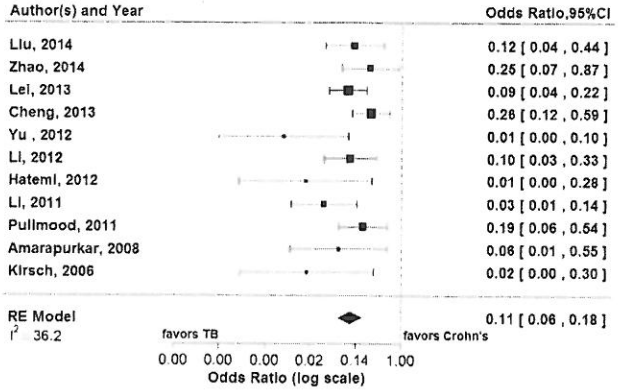
Night sweat



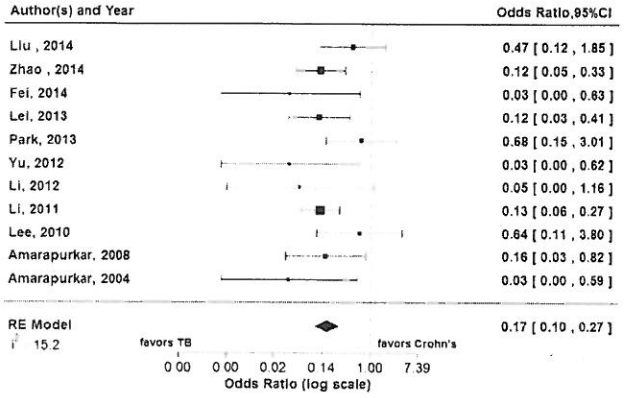
Anemia



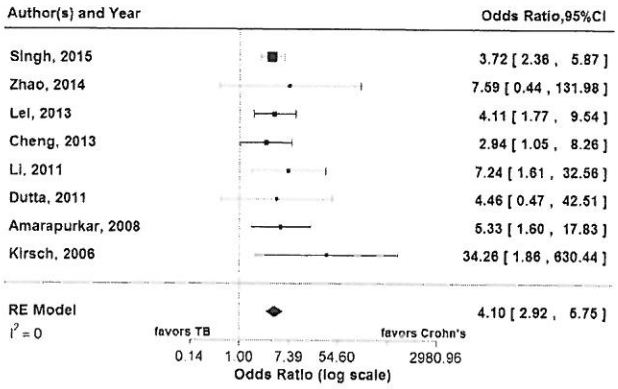
Lung involvement



Ascites

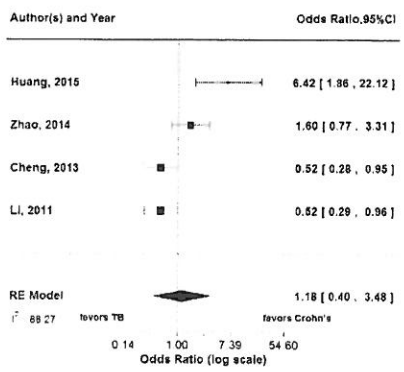


Extraintestinal manifestation

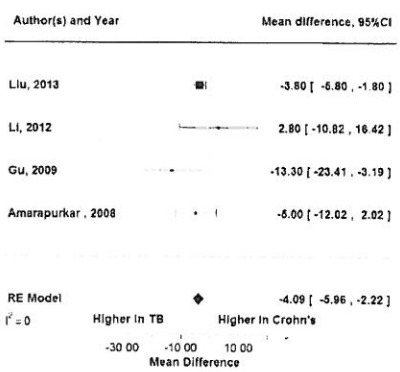


Inflammatory markers

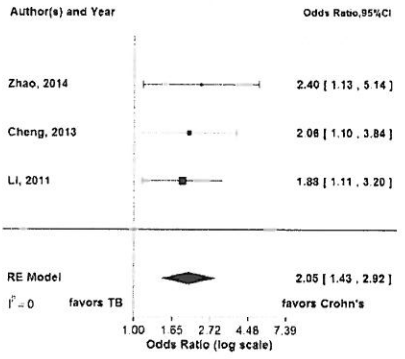
Elevated ESR



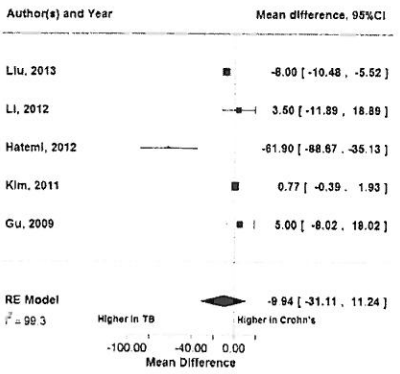
ESR



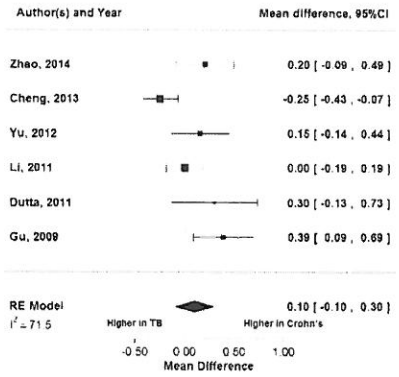
Elevated CRP



CRP

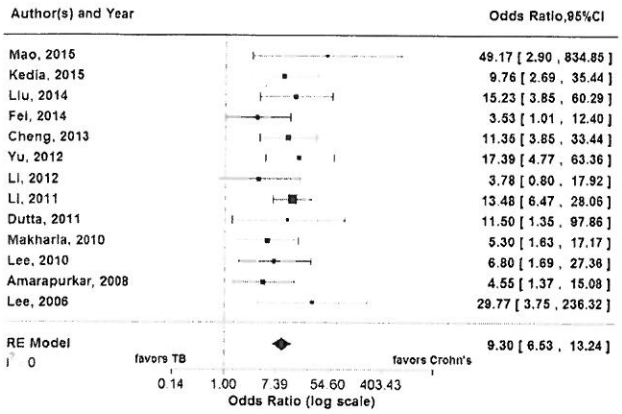


Albumin level

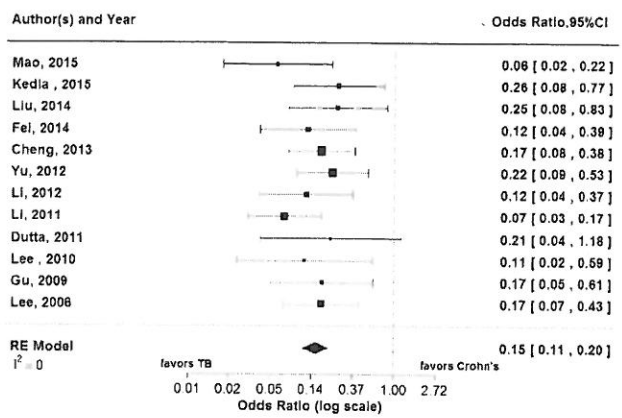


Endoscopic findings

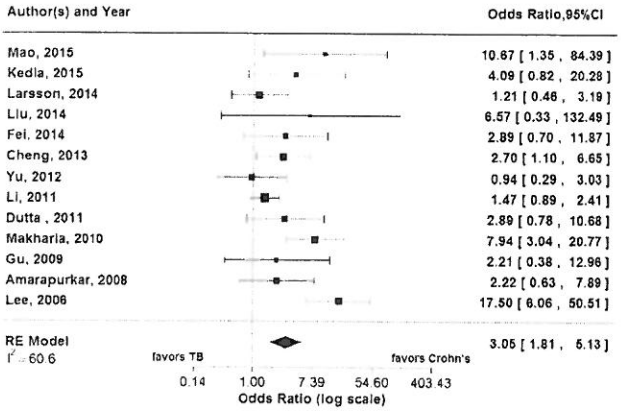
Longitudinal ulcers



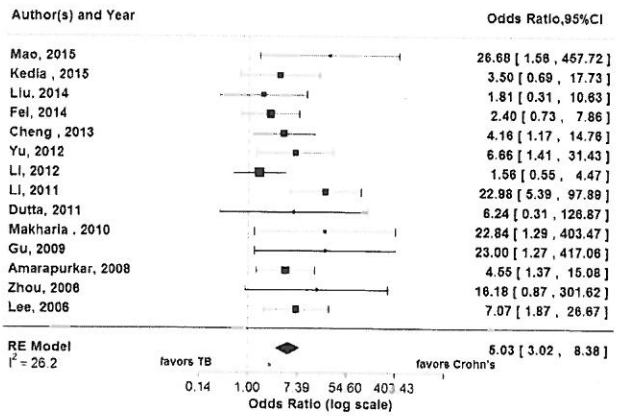
Transverse ulcers



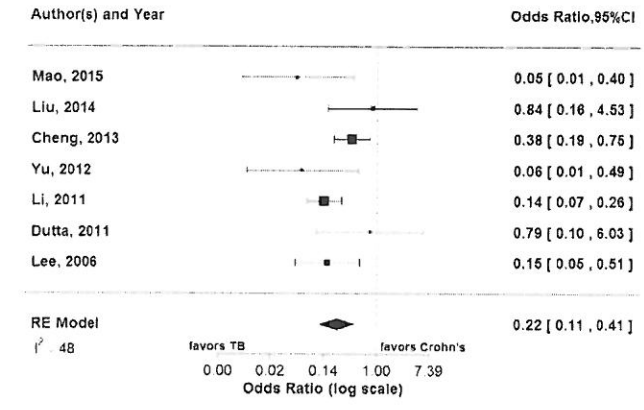
Aphthous ulcers



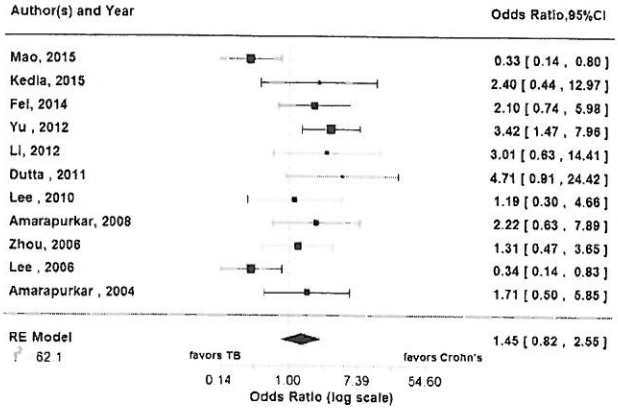
Cobblestone appearance



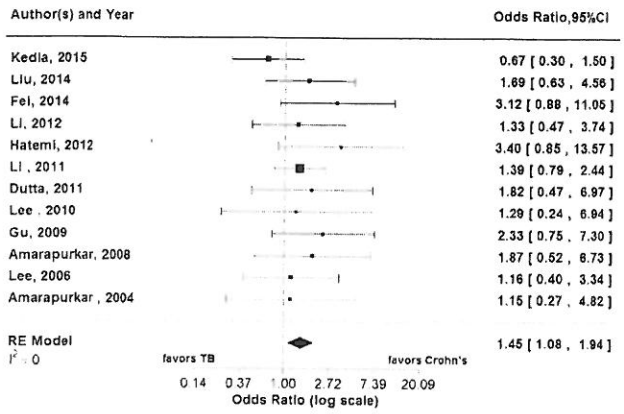
Patulous IC valve



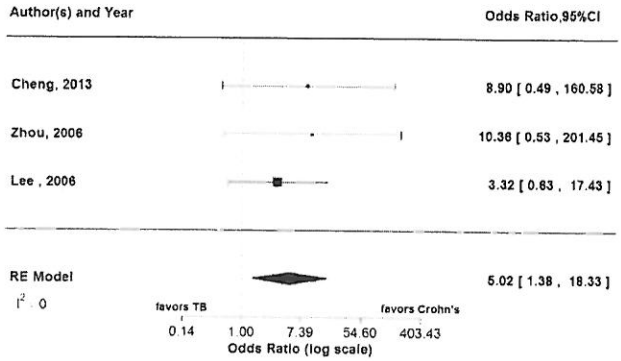
Pseudopolyps



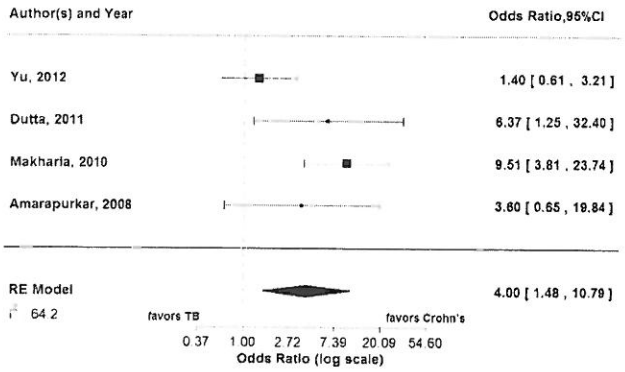
Stricture



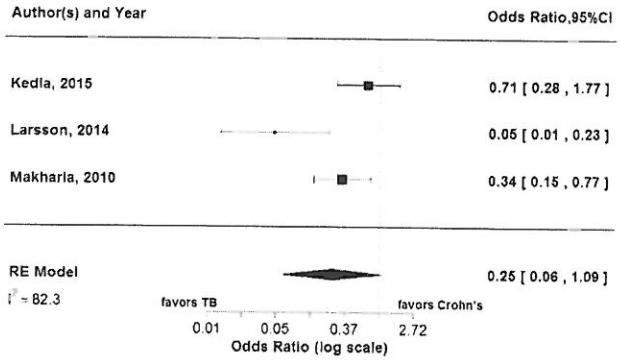
Mucosal bridge



Skip lesions

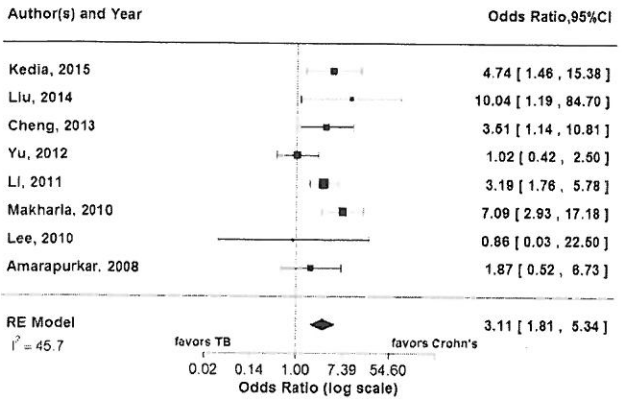


Nodularity

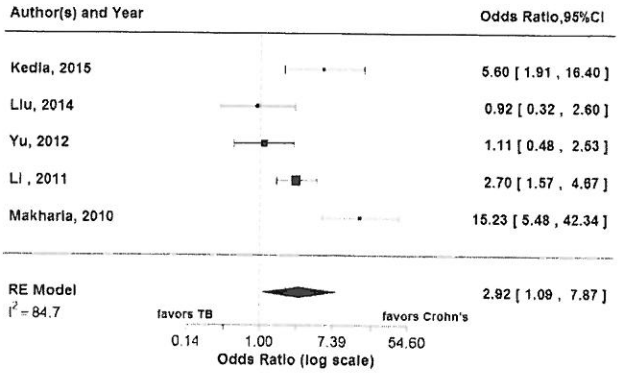


Location involvement

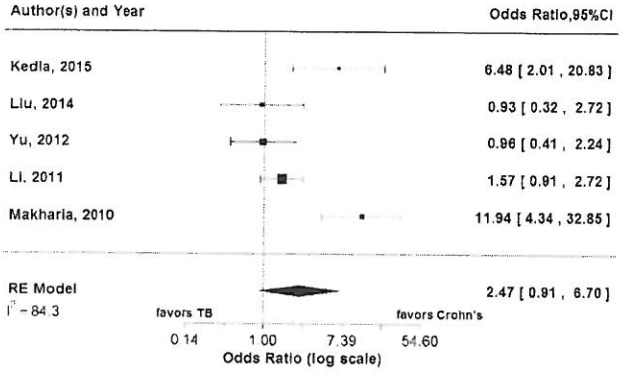
Rectal involvement



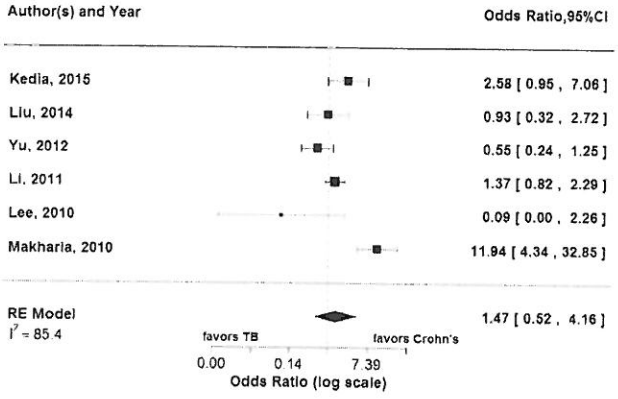
Sigmoid involvement



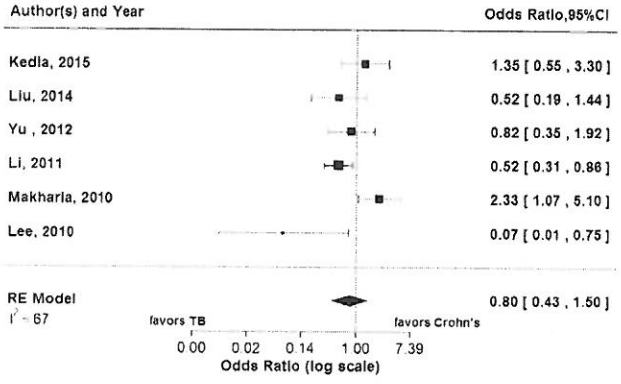
Descending colonic involvement



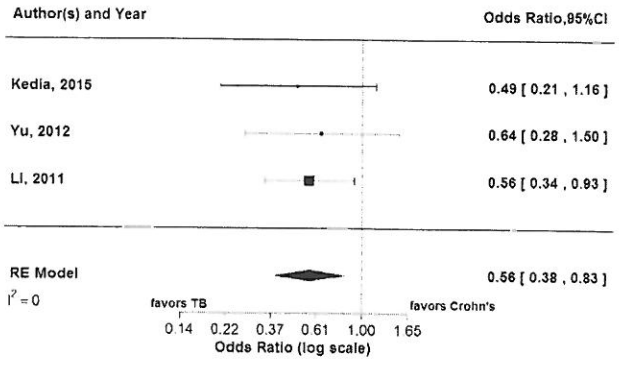
Transverse colonic involvement



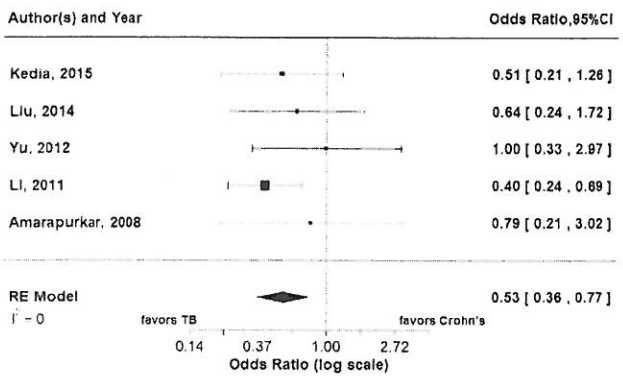
Ascending colonic involvement



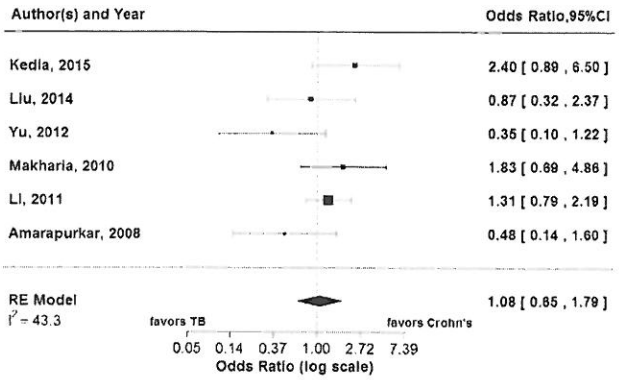
Cecal involvement



IC valve involvement

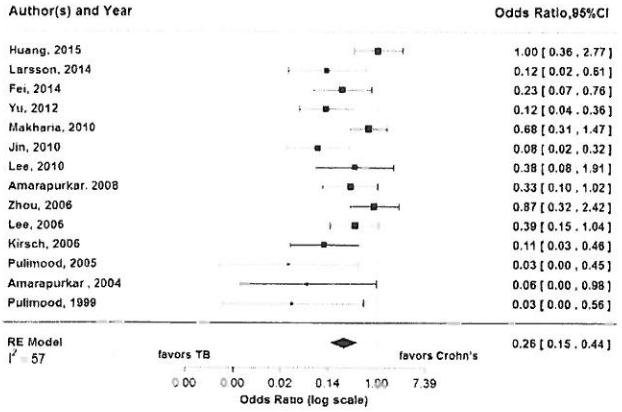


Ileum involvement

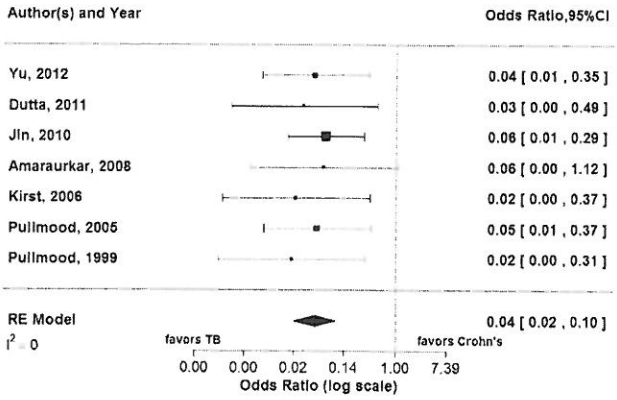


Pathological findings

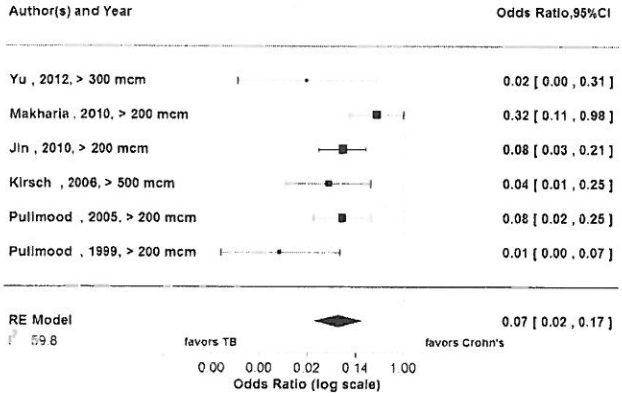
Presence of granuloma(s)



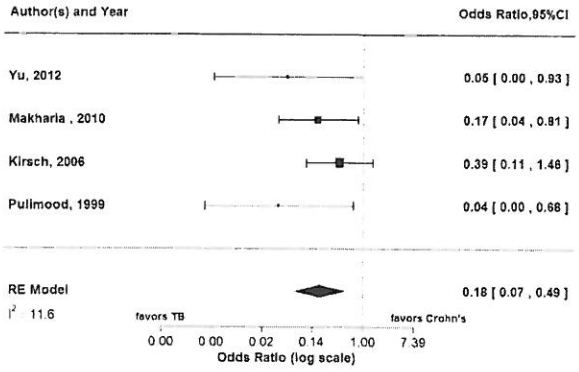
Confluent granuloma



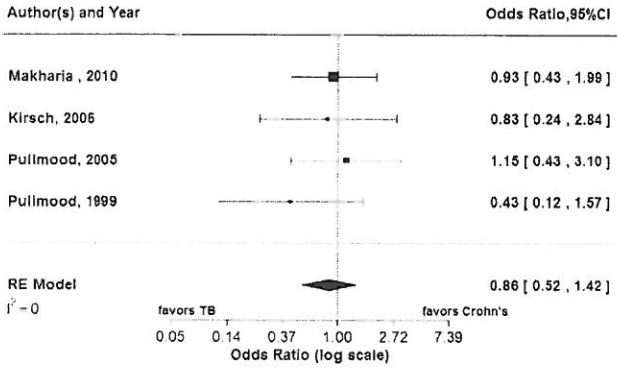
Large granuloma



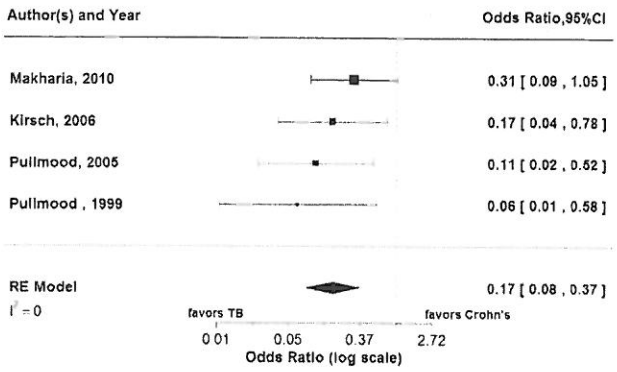
Multiple granulomas/section



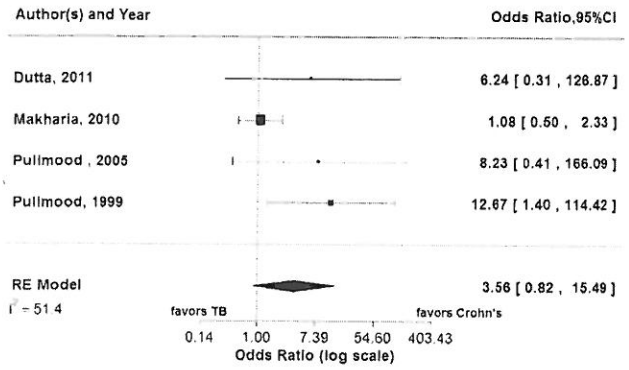
Mucosal granuloma



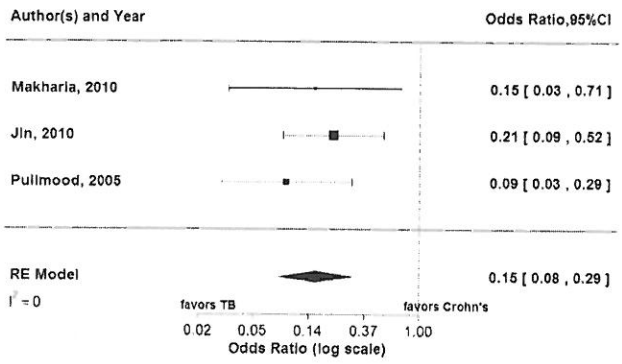
Submucosal granuloma



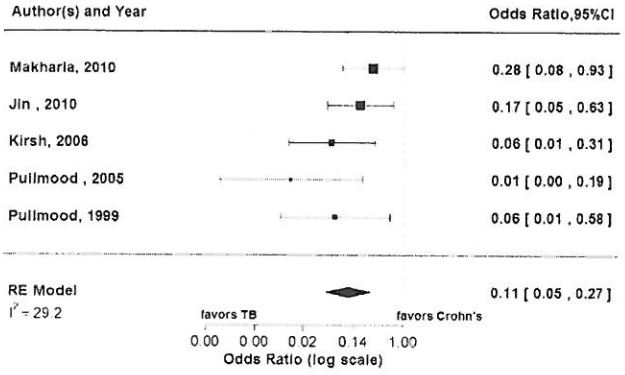
Micrograniloma



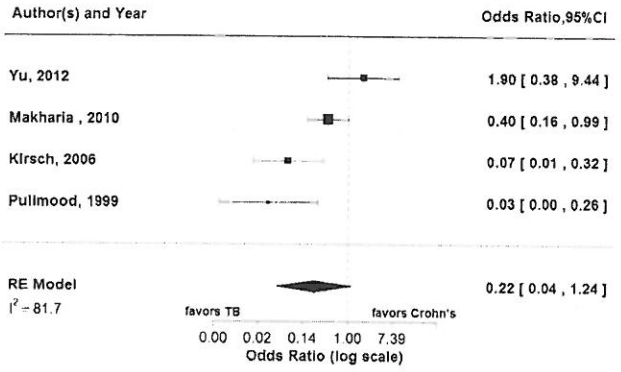
Cuffing lymphocytes around granuloma



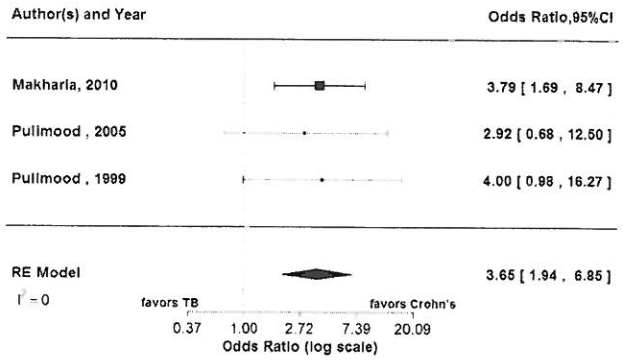
Ulcer lined by histiocytes



Disproportionate submucosal inflammation

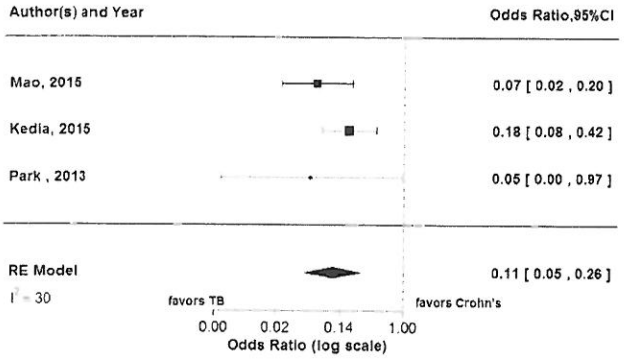


Focally enhanced colitis

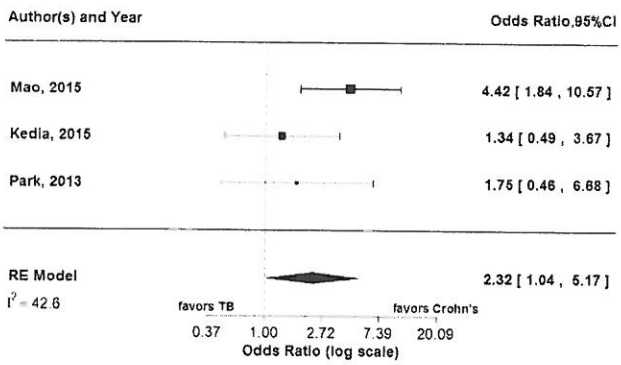


CT enterography findings

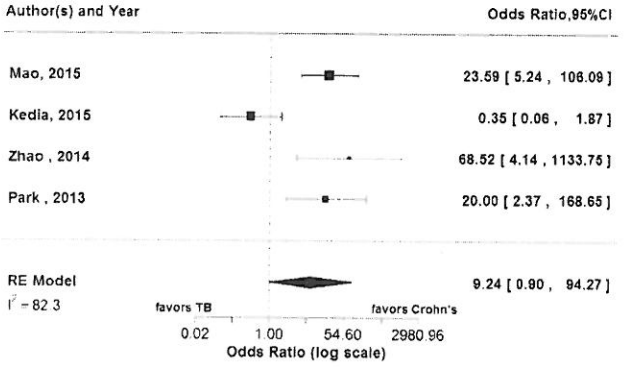
Short segmental involvement



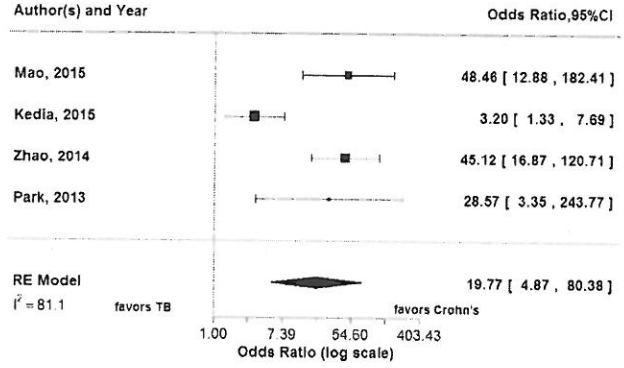
Wall stratification



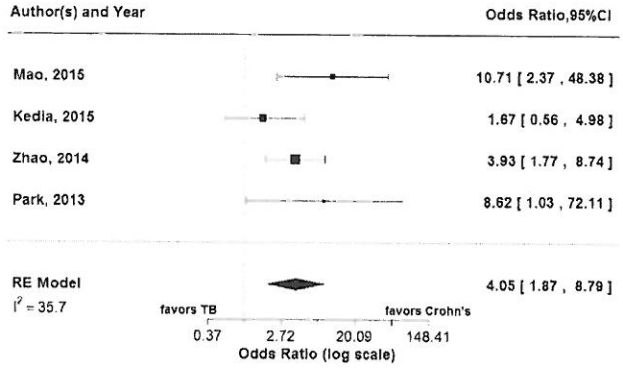
Asymmetrical wall thickening



Comb sign

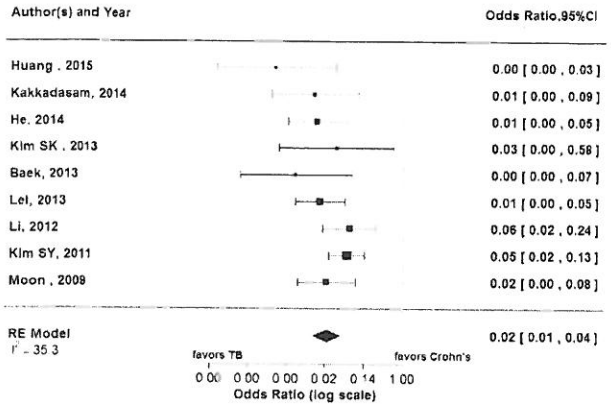


Fibrofatty proliferation



Interferon-gamma releasing assay and ASCA

Quantiferon-gamma releasing assay



ASCA