dietary supplementation in patients with IBD, and particularly Crohn’s disease. Subject numbers are relatively small and statistical significance was not achieved, but no other study on the subject is placebo controlled and double blinded, or has dietary oral calcium intake data for subjects. Although tolerability of the medication was good, results do not provide enough evidence to support the use of oral calcium and vitamin D supplements in all patients with inflammatory bowel disease.

**P102 THYROID DISORDERS IN A POPULATION OF ULCERATIVE COLITIS (UC) PATIENTS**

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Introduction: The prevalence of thyroid disorders is 2-4 times more frequent in patients affected by Ulcerative Colitis (UC) than in general population (1). We have screened for these disorders our population of UC patients.

Materials and Methods: We have studied 140 patients (100 females-F and 40 males-M) affected by UC. UC was classified in mild, moderate and severe activity disease according to Truelove classification and the site of disease was specified. Mean age is 43 year (range 18-80). Blood thyroid hormones dosage (FT3, FT4, TSH) was performed in every patient and, only in case of alterations suggestive for thyroid disorders, blood thyroid autoantibodies (anti thyreoglobulin and anti microsomal for hypothyroidism, anti TSH receptor for hyperthyroidism) were studied in association with ultrasound and scintigraphy study.

Results: 30 patients (22 F and 8 M) showed a severe UC, 52 (33 F and 19 M) a moderate UC and 58 (45 F and 13 M) a mild activity disease. 22 patients (15 F and 7 M) had a pancolitis, 60 patients (51 F and 9 M) a left colitis, 30 patients (20 F and 10 M) a proctosigmoiditis and 28 (14 F and 14 M.2%) only a rectal involvement. 4 patients (2 F and 2 M) (2.8%) had thyroid disorders, all patients were affected by severe UC, 3 (1 F and 2 M) with left colitis and 1 F with pancolitis. A clinical picture compatible with hyperthyroidism (blood suppression of TSH, marked blood increase of FT3, FT4 and anti TSH receptor - > 15 mU/L n.v.0-1) was present in a female 60 year old and a surgical resection for well needed for histological diagnosis of severe dysplasia; only medical therapy (metimazole to step down from a starting dose of 30 mg/day) for 2 years was needed and, actually, the patient is well. 2 M and 1 F had a diagnosis of autoimmune hypothyroidism (increased blood level of TSH (mean 10 MU/L range 5-15 n.v. 0.6-5), low blood level of FT4 (mean 7 ng/ml range 3-8.5 n.v. 9-18) and presence of anti tiroglobulin and anti microsomal antibodies) and they actually are treated with L-Tiroxine therapy (mean dosage 75 mcg/day range 50-200). In all patients ultrasound didn’t reveal thyroid nodules, but a marked ultrasound pattern alteration.

Conclusion: Thyroid function should be considered in patients affected by UC and, particularly, in patients with left colitis and pancolitis associated to severe disease activity.


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**P103 QUANTITATIVE EXPRESSION OF CD64 ON POLYMORPHONUCLEAR NEUTROPHILS: A NEW DIAGNOSTIC TOOL IN IBD**

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Background: Intestinal bacterial infections and non-inflammatory intestinal disorders, such as lactose or fructose intolerance (LFI), may present with symptoms similar to active inflammatory bowel disease (IBD). However, there is currently no discriminative laboratory marker available. Here, we investigated the utility of CD64 as a tool in differential diagnosis of IBD. We have determined by FACScan analysis using a fluorescence quantitation kit (QuantibriteTM PE, BD Biosciences). We investigated patients with active (n=27) or inactive (n=49) IBD, infectious enterocolitis (n=24, i.e. Campylobacter [n = 13], Salmonella [n = 7], Shigella [n = 1], and Clostridium difficile [n = 3]), LFI (n=32), and healthy subjects (n=28). (Clinical measures of disease activity included the Crohn’s disease activity index (CDAI) for patients with Crohn’s disease (n=52), and the colitis activity index (CAI) for patients with ulcerative colitis (n=24). Active IBD was defined as CDAI > 150 and CAI > 6, respectively. Statistical comparisons of means were done by t-test. Correlations were assessed by means of Spearman’s correlation coefficient. Receiver operating characteristic curves were generated in order to define discriminative cut off values of CD64 expression. Data are given as median and range from the 25th to the 75th quartile (IQR).

Results: The quantitative expression of CD64 was significantly higher in patients with IBD (1125, 621-2083), than in healthy subjects (569, 387-756, p<0.01), or in patients with LFI (531, 435-605, p<0.001). In patients with active IBD the CD64 expression was significantly higher (1585, 1230-7709) than in patients in remission (755, 438-2109, p<0.0001). CD64 correlated with the CDAI (110, 44-197; 0.53, p<0.0001), the CAI (2, 0.5; 0.63, p<0.0001), and with serum levels of CRP (0.71, 0.4-2.67; 0.45, p<0.0001). With a cut off point of 800 CD64 had a 96% sensitivity and a 97% specificity in discriminating between LFI and active IBD. In patients with infectious enterocolitis (15209, 11410-22965) the quantitative expression of CD64 was significantly higher than in patients with active IBD (4083-3590, p<0.001). With a cut off point of 10000 CD64 had a 88% sensitivity and a 93% specificity in discriminating between infectious enterocolitis and active IBD.

Conclusion: Assessment of the quantitative expression of CD64 on PMN allows to discriminate between active and remitting IBD, infectious enterocolitis, and LFI. Thus, CD64 may serve as a valuable diagnostic tool for the differential diagnosis and monitoring of IBD.

**P104 THE ROLE OF ANORECTAL MANOMETRY IN ULCERATIVE COLITIS PATIENTS AFTER RESTORATIVE PROCTOCOLECTOMY**

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Introduction: Patients after restorative proctocolectomy with pouch formation often present anorectal dysfunction that can be due to motility disorders. AIM OF THE STUDY: The aim of the study was to evaluate the changes in anorectal manometry in patients after restorative proctocolectomy.

Material and Methods: Anorectal manometry was performed in patients suffering from ulcerative colitis after final stage of restorative proctocolectomy with pouch formation. The study group consisted of 12 patients (8 females, 4 men), mean age 44,5 (21-72). Anorectal manometry was performed with a 4-channel water perfused probe with latex balloon. After manometric evaluation the volumetric examination was performed using the balloon.

Results: Anorectal manometry: in 5 patients we found normal manometric features- normal resting and squeeze pressures. In 2 patients we found lower pressures of anal sphincters- in one resting and in other just squeeze pressure. In 5 (42%) squeeze pressures were far above normal (above 250 mmHg). Volumetric findings: In 2 patients the examination was not performed due to technical reasons. In 7 patients the volumetric finding were within normal: RAIR (recto-an inhibitory reflex) was seen with mean volume of 60ml, first sensation with mean volume of 62ml, urge to defecate with mean volume of 80ml. In 3 patients (25%) first sensation nor RAIR was found to the volume of 100ml. Conclusion: In patients after restorative proctocolectomy the adaptive changes can be seen due to pouch function. The study group consisted of 12 patients (8 females, 4 men), mean age 44,5 (21-72). Anorectal manometry was performed with a 4-channel water perfused probe with latex balloon. After manometric evaluation the volumetric examination was performed using the balloon.

**P105 SURGERY AT DIAGNOSIS OF CROHN’S DISEASE REDUCES THE NEED FOR STEROIDS AND IMMUNOMODULATORS**

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Background: The severity of clinical activity of Crohn’s disease(CD) is high during the first year of the disease after diagnosis and subsequently declines. Half of patients requires steroids and immunomodulators and three quarters need for surgery. Surgery leads to a much more durable remission than that induced by medications, raising the possibility that early surgery may be more cost-effective than the continued use of expensive medications. Aims: Aim of the study is to evaluate whether surgery at diagnosis may reduce the subsequent need for medical and surgical therapy.

Patients and Methods: The records of 490 consecutive CD patients admitted at our GI units from 1980 to 2000 were reviewed according to Vienna criteria. Gender, age at diagnosis, localization and clinical behaviour of the disease, extraintestinal manifestations, family history of IBD, anaplasia, smoking habit and therapy were documented. Surgeries were classified according to Vienna criteria. Gender, age at diagnosis, localization and clinical behaviour of the disease, extraintestinal manifestations, family history of IBD, anaplasia, smoking habit and therapy were documented. Surgeries were classified according to Vienna criteria.