P238 THE TOLL-LIKE RECEPTOR (TLR)-4 RELATED A299G AND T399I POLYMORPHISMS IN TURKISH INFLAMMATORY BOWEL DISEASE POPULATION

H. Akın1, F.T. Özdemir1, O. Atug1, G. Tahan1, F. Ereri1, B. Bacă4, I. Hamzaoglu2, H. O. Hamzaoglu2, N. Tözün1, 1Marmara University Faculty of Medicine, Istanbul, Turkey; 2Istanbul University Cerrahpaşa Faculty of Medicine, Department of Surgery, Istanbul, Turkey

Background: In the pathogenesis of Inflammatory bowel disease (IBD) background of genetic susceptibility is still under investigation. Innate immune system may have a key role. Toll like receptors 4 (TLR4) and the related polymorphisms of A299G and T399I are in the candidate list accused for the pathogenesis of IBD.

Aims: We want to investigate the relationship between the polymorphisms A299G, T399I with IBD patients’ clinical data.

Methods: We collected clinical data and also blood samples for genetic analysis from the IBD patients who are following in the IBD clinics of our hospital. The clinical data documented for the study was as follows: the type of the disease (Crohn’s disease (CD) or Ulcerative Colitis (UC)), age, sex, date of the diagnosis, disease localization and phenotype, corticosteroid usage, smoking, family history, Entamoeba histolytica infection history. For control group we included healthy unrelated blood donors. The polymorphisms were studied with PCR method.

Results: A total of 238 IBD patients (mean age: 41.7±15.5, Male/female: 127/111), 108 CD and 120 UC, and 191 controls (age 35.2±11.2, Male/female: 100/91) included to the study. For all IBD patients the percent of presence of A299G and T399I heterozygote genotype frequencies were 5.5% (13/238), 6.7% respectively. These frequencies were not different statistically in the control group which were 5.9%, 7.5% respectively. Beside genotype frequencies, we also calculated the allele frequencies which were not different in patient and control groups. In subgroup analysis we found that for patients with Crohn’s disease, A299G heterozygote genotype more was frequent in the patients with ileal disease (p = 0.021) and also inflammatory genotype (p = 0.008).

Discussion: Our results related to the genotype and allele frequencies of TLR 4 polymorphisms in IBD is the first result for our country. For Crohn Disease, A299G heterozygote genotype is found to be higher in ileal disease and also in inflammatory phenotype.

P239 IMPORTANCE OF HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH ULCERATIVE COLITIS AND CROHN’S DISEASE

D. Panova, Z. Krastev. University Hospital ‘St. Ivan Rilski’, Sofia, Bulgaria

Background: Health-related quality of life (HRQOL) is substantially deteriorated in Inflammatory Bowel Disease (IBD) patients because of its chronic course. There are still contradictory results concerning the influence of treatment on the different domains of HRQOL.

Aims: The pilot study aimed to validate the importance of HRQOL: by 1. comparing HRQOL in IBD patients in exacerbation and remission with healthy controls; 2. assessing the influence of treatment on HRQOL and 3. correlating the clinical and HRQOL-scores in ulcerative colitis (UC) and Crohn’s disease (CD).

Materials and methods: Forty-eight individuals were included, 15 healthy controls and 33 patients with IBD. IBD patients were divided into 21 in exacerbation and 12 in remission using CDAI for CD-patients and Mayo-score for UC-patients; 16/33 patients were hospitalized for the second time and followed up.

HRQOL was measured using Inflammatory Bowel Disease Questionnaire, developed by G. Guyatt and E.J. Irvine, McMaster University - Canada. The results were statistically processed using variation and correlation analyses as well as paired samples test at significance level of p<0.05.

Results: 1. Patients in exacerbation have significantly decreased HRQOL in all domains compared to the control group (p<0.001) while HRQOL of patients in remission is close to the controls (p>0.05). 2. HRQOL improved in 7/16 patients who maintained remission, in all domains (p>0.05).

3. There is a strong correlation between clinical scores and HRQOL - p<0.01 for CDAI and p<0.001 for Mayo score.

Conclusions: 1. IBD seriously deteriorates HRQOL. 2. Patients in remission can achieve HRQOL close to the one of healthy subjects. 3. The emotional health needs longer period to improve than other domains. 4. IBDQ correlates with disease activity.