Results: Analysis was performed to evaluate the association between 3,243 healthy controls. Phenotypic data for all CD patients were carefully characterized. The three CD-associated NOD2 mutations examined. No association was found between the Hp polymorphism and the frequency of the Hp phenotypes and disease location, behavior or extra intestinal manifestations. Individuals (6.28% vs. 9.28%, P=0.057). There was no association between Hp Hp phenotypes were determined for 382 Israeli CD patients and clinical course. The role of Hp polymorphism in the susceptibility to Crohn's Disease (CD) and its functional differences between the Hp phenotypes with binding capacity. Functional differences between the Hp phenotypes with Hp 1-1 protein being a superior anti-inflammatory to the Hp 2-2 protein which are currently under investigation.

Conclusions: 1) The pattern of cytokines expression varies depending on activity of UC patients. 2) Those cytokines which expression is constantly altered in UC could be explored as therapeutic goals for UC treatment. 3) The fact that some cytokines expression is constantly altered in UC could have an impact on the functionality of immune cells and their apoptotic capacity, which are currently under investigation.

Background: Inflammatory bowel disease (IBD) appearing in childhood may differ phenotypically from that with a later onset. During inflammation, intestinal macrophages become overactivated and probably play an important role in upregulation of the mucosal immune response. The costs

methods: Untreated children < 18 years were prospectively included at diagnosis with a median age 13.4 years (1.8-17.2 years) and median disease duration of 7.0 months (0.5-3 months). Endoscopic biopsies taken from the distal ileum and colon were snap-frozen in liquid nitrogen. Colonic biopsies from 12 Crohn's disease (CD), 7 ulcerative colitis (UC) and 9 controls, as well as ileal biopsies from 7 CD children and 3 controls, were included. All controls were primarily suspected to have IBD, but did not, according to international criteria. Frozen tissue sections were studied by immunohistochemistry for the expression of CD40, and multicolor immunofluorescence staining in situ was performed to phenotype the CD40+ cells.

Results: The number of mucosal CD40+ cells was significantly elevated in the colon of children with IBD compared to symptomatic non-IBD controls. The number of mucosal CD40+ cells was also significantly increased in ileal biopsies from children with CD. There was no significant difference between colonic biopsies from CD and UC children. Multicolor immunofluorescence staining showed that most of the CD40+ cells were macrophages. Conclusion: This study reports for the first time that the number of intestinal CD40+ macrophages is elevated in untreated pediatric IBD. This increased innate immune activation probably contributes to the colonic phenotype of childhood IBD.

Background: The determination of serological markers has clinical and research potential in IBD as they can be used as a diagnostic tool and in disease stratification. Anti Saccharomyces cerevisiae antibodies (ASCA) and anti neutrophil cytoplasm autoantibodies (ANCA) have been extensively evaluated in IBD patients, but only a few reports are available for Romanian IBD population.

Aim: To study the prevalence and the value of these two markers as a diagnostic tool in Romanian population.

Methods: The sera of 52 consecutive IBD patients have been analysed concerning the presence of ASCA IgA, ASCA IgG and ANCA using the standard protocols. Prevalence of ASCA IgA/IgG antibodies was 34.5% in the CD group and 77.3% in the UC group. ANCA prevalence was 25% in the CD group and 68.2% in the UC group. Sensitivity, specificity, positive predictive value, negative predictive value and accuracy were respectively 34.3%, 72.7%, 64.7%, 43.2% and 57.9% for ASCA IgA/IgG in CD diagnosis and 68.1%, 75.5%, 74.7%, 70.2% for ANCA in UC diagnosis. Sensitivity, specificity, positive predictive value, negative predictive value and accuracy of ANCA+/ASCA- phenotype in UC diagnosis were respectively 50%, 81.2%, 64.7%, 70.2% and 68.5%, and of ANCA-/ASCA+ phenotype in CD diagnosis were respectively 28.1%, 90.9%, 81.8%, 46.5%, 53.7%.

Conclusions: This pilot study has indicated a low prevalence of ASCA in CD group, one of the lowest reported in the literature. This finding suggests a different CD serological pattern of our population supported also by other phenotypic features of our IBD population, like lower fibrostenosing and penetrating disease prevalence, lower small bowel disease prevalence and older age of onset. Data concerning the utility of ANCA in UC diagnosis are comparable with those presented in the literature.

P292 TGF-BETA1 AND IGF-1 AND ANASTOMOTIC RECURRENT OF CROHN'S DISEASE AFTER ILEO-COLONIC RESECTION

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Background: After bowel resection, Crohn's disease (CD) recurs frequently in the site of anastomosis and "end-to-end" anastomoses are associated with