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P065
MISDIAGNOSED CROHN’S DISEASE IN AN ADOLESCENT WITH SHORT STATURE
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Objective: We report a case of an adolescent with a diagnostic delay of 16 months of Crohn’s disease, due to a misdiagnosed growth hormone deficiency. The subject: The 14-year-old boy presented for short stature, after unsuccessful treatment with growth hormone during the last 16 months.

Results: The clinical examination ruled out dwarfism, because the patient had rather a poor weight gain than a stature growth failure. The history taking revealed no valuable points: recurrent oral ulcers, acne fulminans, and fissures, anorexia. These elements were strongly suggestive for Crohn disease. The upper and lower endoscopies (the latter realized just until the level of the spleen angle) revealed a normal macroscopic appearance. The abdominal ultrasound examination discovered ileal lesions. The child refused during one month a new colonoscopy. We decided to initiate the corticotherapy; associated with Sulfasalazine and diet with elemental products. The patient registered a weight gain of 10 kg in 6 weeks. After this, the video capsule examination confirmed severe small bowel lesions. Finally, a new enteroscopy was performed, and the biopsies confirmed our diagnostic suspicions. The therapy was enhanced with Azathioprine. We decided a surgical intervention with resection.

Conclusion: Crohn’s disease should be considered in an adolescent with short stature.

P066
UNTER GASTROINTESTINAL INVOLVEMENT IN PEDIATRIC CROHN’S DISEASE
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Background: Upper gastrointestinal (GI) tract involvement in patients with Crohn’s disease (CD) has been increasingly focused in recent years. We assessed upper GI manifestation at the time of diagnosis.

Methods: Since 2004, esophageogastrroduodenal endoscopy (EGD) with serial biopsies was performed in all patients at the time of diagnosis (n=60, 38 males, mean age 12.8 years [6.2–17.2]). Gastric erythema, and lymphocytic infiltrations (chronic gastritis) were not considered as pathological findings.

Results: Macroscopic lesions were observed in 29 patients (49%): Isolated esophageal, gastric or duodenal involvement was seen in 5, 7 and 4 patients, respectively. Two sites were affected in 7, and all levels in 5 children. Ulcers were found in 12, erosions in 16, aphthous lesions in 8 and nodularity or cobble stone surface in 7 patients. In 3 patients erythema of the duodenal bulb without mucosal breakage was noted. One child had gastric outlet obstruction. Histological findings with high suspicion of CD were seen in 31 patients (51%), including ganulomata in 15. Macroscopic lesions were associated with positive histology in 22/29 patients. Abnormal histology in the presence of normal EGD was noted 29%. h. pylori infection was diagnosed in one patient.

Conclusion: Half of pediatric CD patients showed macroscopic upper GI involvement with implications for therapeutic management. Our findings support the ESPGHAN Porto criteria to perform EGD with serial biopsies at initial work up.

P067
MRI-MONITORING OF DISEASE-ACTIVITY AND RESPONSE TO THERAPY IN PEDIATRIC INFLAMMATORY BOWEL DISEASE
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Background: Aim of this case-series was to validate the clinical use of abdominal MRI in the follow-up of pediatric IBD compared to endoscopy.

Methods: MRI was performed on a 1.5T-scanner, with oral/rectal and iv-contrast. A total of 69 MRIs was performed in these patients. 15 patients had more than one MRI. 6 follow-up MRIs were done without parallel endoscopy. During clinical follow-up 9 patients treated with exclusive enteral nutrition and 5 patients treated with Infliximab had repeated monitoring with endoscopy and MRI. The investigations were well tolerated. It was possible to monitor disease-activity in the colon as well as in the small intestine. There was excellent correlation with the findings of endoscopy plus information about extraintestinal inflammation or fistulizing.

Discussion: Endoscopy with multiple biopsies remains the unquestioned standard for initial diagnosis of pediatric IBD. However, its invasiveness limits the repeated use especially in the pediatric population. MRI with double contrast is a less invasive investigation which in our cohort has proven to provide endoscopy-equivalent information about disease-activity, response to therapy, extent and localization, with the additional amount of detecting small intestinal and extraluminal disease. MRI may increase the diagnostic yield or replace the repeated endoscopy in selected cases.

P068
ALPHA-DEFENSIN HD-5 AND WNT SIGNALLING TCF-4 IN PEDIATRIC PATIENTS WITH CROHN’S DISEASE.
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Background: Adult ileal CD is characterized by a specific decrease of ileal Paneth cell alpha-defensins. In addition to NO2D, it is previously identified a disturbance of the Wnt signalling transcription factor Tcf-4 as a major mechanism for Paneth cell alpha-defensin deficiency.

Objectives: To evaluate the role of SICUS in the assessment of SB strictures in pediatric patients.

Methods: One and colonic biopsies were divided in three groups: ileal and ileocolonic (Vienna, L1+L3), isolated colonic (L2) and non-IBD.

Conclusion: HD5 and Tcf-4 was significantly reduced in CD children with L1+L3 compared to controls. ileal HD5 correlated with Tcf-4. Importantly, and in contrast to the small intestine, colonic Paneth cell HD5 was significantly upregulated in colonic CD (L2) and correlated with fecal calprotectin levels. This likely reflects that the presence of inflammation is triggering colonic Paneth cell metabolism as an additional protection system. These data further support the hypothesis of a paramount role of antimicrobial host defence in a pediatric population.

P069
INFLAMMATORY BOWEL DISEASE AND GLYCOGEN STORAGE DISEASE M. Raafay1 *, A. Javavzadeh1, F. Javadzadeh1, 1Pediatric gastroenterology, Tabriz university of medical sciences, Tabriz; 2Dentistry, Shiraz medical university, Kish, Iran

Background and Objective: Inherited metabolic diseases, including glycosgen storage disease (GSD), are frequently seen in Iranians due to the high consanguinity rate. Glypoglycermia, hepatomegaly, growth retardation, hyperlipidemia, hyperlactacidemia, and hyperuricemia are the common features of GSD type 1, inflammatory bowel disease (IBD)-like colitis is a known entity in GSD.

Case presentation: We report a female patient with type la GSD (GSD Ia) who was followed-up for more than 17 years. GSD Ia was diagnosed based on biochemical tests and the pathology from a liver biopsy as she was 3 years old.

Conclusion: With ageing, more and more complications will develop, of which those related to liver adnomas are likely to be major causes of morbidity and mortality.

P070
SMALL INTESTINE CONTRAST ULTRASONOGRAPHY IN PRE-SURGICAL ASSESSMENT OF BOWEL STRICTURES IN PAEDIATRIC CROHN’S DISEASE PATIENTS: 2 CASE REPORTS.
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Intestinal stricture is a common complication of Crohn’s disease (CD). Surgical approach may be different according to the extension and presenceLev of strictures and abscesses. In adults Small intestine contrast ultrasonography (SICUS) performed after the ingestion of oral contrast solution accurately assesses: 1) number, extension and location of small bowel (SB) CD lesions and 2) number, site and extension of SB strictures.

Aim: To evaluate the role of SICUS in the assessment of SB strictures in paediatric CD patients (pts) scheduled for strictureplasty.

Patients: Two consecutive female CD pts (20 and 15 yrs) candidate to strictureplasty for severe symptoms of intestinal obstruction and endoscopic and entero-Magnetic Resonance (entero-MRI) findings of: 1) stricture of terminal ileum in one patient and 2) 1 stricture in the proximal ileum in the other. Before surgery SICUS was performed by an operator blind of the MRI findings after the ingestion of 375 ml of macrogol contrast solution according to published report.

Results: In the patient with the terminal ileum stricture SICUS showed the presence of a stricture (length 4cm), an abscess and entero-enteric fistulas.