In the patient with the proximal ileum stricture SICUS showed a proximal small bowel stricture (length 5 cm) adhering to mesentery with fistulas. In both the surgical approach changed from strictureplasty to resection.

**Conclusions:** These preliminary results support the use of radiation free SICUS as a useful investigation in planning surgery in pts with complicated Crohn’s disease.

**P071**

**DXA’S AIN’T DXA’S – TAKING A CLOSER LOOK AT BONE HEALTH IN PEDIATRIC INFLAMMATORY BOWEL DISEASE (IBD)**

J. Rosenbaum1, A.G. Catto-Smith1, M.R. Oliver1, M. Zacharin2, 1Department of Gastroenterology, 2Department of Endocrinology, The Royal Children’s Hospital, Parkville, Australia

**Background:** IBD, with its associated cytokines and corticosteroid treatment, is implicated in reducing bone mineral density (BMD) at the time of maximal bone accrual in the growing skeleton.

**Objective:** To comprehensively assess the bone health of children with IBD and corticosteroid exposure.

**Methods:** Children with IBD and two months minimum corticosteroid treatment were recruited. Assessment included height, weight, pubertal status, cumulative steroid exposure, serum calcium, phosphate, alkaline phosphatase, parathyroid hormone and vitamin D levels. Areal (aBMD) and volumetric (BMAD) bone densitometry were performed. Bone morphology was assessed using magnetic resonance imaging (MRI).

**Results:** 41 IBD patients were recruited (mean 14 yrs [5–18]) with a mean disease duration of 27 months. 12% had aBMD lumbar spine (LS) T-score < –2 (mean –1.3 [95% CI: –1.6 to –1.1]). BMAD showed less reduction with 7% of subjects having a LS T score < –2 (mean –0.63 [95% CI: –0.66 to –0.6]). The prevalence of vitamin D insufficiency (50nmol/L) was 19% and 7% had reduced vertebral height on MRI. Correlation between cumulative steroid dose and BMAD did not reach statistical significance.

**Conclusion:** Low aBMD reflects reduced bone accrual and linear growth rate. The reduction is less marked using BMAD suggesting aBMD overstates reductions in BMD. Though morphological changes were minimal and infrequent, a longitudinal study of fracture risk in pediatric IBD is needed.

**P072**

**A NEW JOINT INFLAMMATORY BOWEL DISEASE TRANSITION SERVICE**

N. Morgan1, K. Greveson2, C. Murray2, F. Torrente1, C. Salvestrini1, 1Paediatric Gastroenterology, 2Gastroenterology, Royal Free Hospital, London, United Kingdom

**Background:** Around 30% of all IBD cases are diagnosed in childhood, implying an increasing need for specialised transitional care to adult services.

**Aim:** To explore and compare attitudes and experiences of patients in transition.

**Methods:** A joint transition clinic was set up within the paediatric setting with both paediatric and adult gastroenterologists and by specialist nurses. Anonymous questionnaires were handed out to 20 patients attending their first transition clinic appointment. Items included knowledge of disease/medication, perception/actual effect of disease on daily living, sources of support/ advice, readiness/ adequacy for transition and anxiety surrounding it.

**Results:** We had 80% response rate (16/20 patients). 87% of patients knew their medications and dosage and 57% had some understanding of how the medications worked. 1/3 admitted non-compliance with drugs, for forgetfulness. All patients felt confident at recognising flare-ups. Body image, mobility and education were the main perceived adverse effects of IBD. Only 38% are seeking advice directly from the hospital if unwell. Half of patients had concerns regarding transferring to the adult service.

**Conclusion:** Adolescents with IBD are generally well informed on their disease and medications. They relay on parents to make contact with the hospital during flare-ups and transition to adult services is a worry. A structured transition service could strengthen self-confidence and self awareness, helping towards a smoother entry in the adult gastroenterology services.

**P073**

**LONGITUDINAL STUDY OF BONE MINERAL DENSITY SINCE THE DIAGNOSIS OF CROHN’S DISEASE**

F. Samson1, B. Cagnard2, E. Leray1, P. Guggenburg1, L. Bridoux-Henno1, A. Dabadie1, 1Pediatrics, Rennes University Hospital, Rennes; 2Pediatrics, Saint-Brieuc Hospital, Saint-Brieuc; 3Epidemiology, 4Rheumatology, Rennes University Hospital, Rennes, France

**Objective:** To measure the bone mineral density (BMD) of newly diagnosed children with Crohn’s disease (CD) and to prospectively assess its evolution while being treated.

**Patients, Methods:** 27 children (20 boys, 7 girls; aged 12.1±2.5 years) were included at diagnosis. The BMD was measured by dual energy X-ray absorptiometry at the lumbar spine, and expressed in Z score for chronological age (BMD/CA) and in Z score for bone age (BMD/BA). One year later, the increase of the BMD Z score was measured and correlated to Crohn’s disease activity (active form [group A] or remission [group R]) and to the received treatment.

**Results:** BMD/CA and BMD/BA were negatively correlated to the delay in diagnosis (p<0.0001 and p<0.05). BMD/CA was −1 SD in 20 cases, −2 SD in 11 cases. BMD/BA was −2 SD in only 6 cases. During the follow-up, the increase of BMD was lower in group A (n = 12), expressed in absolute values (0.002 vs 0.044 g/cm² per year; p<0.05; 6/12 decreased vs none in group R, p<0.05), in BMD/CA (−0.39 vs −0.03 SD per year; NS) and in BMD/BA (−0.23 vs −0.03 SD per year; NS).

**Conclusion:** Diagnosis may highly influence the BMD of children who have never received corticosteroids before. The risk for low bone mass increases with Crohn’s disease activity’s persistence. This risk is constantly reduced by its association with the bone maturation delay.

**P074**

**BLUNT ABDOMINAL TRAUMA REVEALING A SEALED PERFORATION IN STEROID-DEPENDENT CROHN’S DISEASE – A CASE REPORT**

D. Scholz1, M. Hirschburger2, G.F. Alzen1, K.P. Zimmer1, 1Department of General Paediatrics and Neonatology, 2Department of General, Visceral, Thoracic, Transplantation and Paediatric Surgery, 1Department of Paediatric Radiology, University Hospital Giessen and Marburg, Giessen, Germany

**Introduction:** Steroid-dependency in inflammatory bowel disease can be a reason for escalating immunosuppressive therapy. Surgical options should be considered when medical treatment fails. We report the case of a boy with relapsing Crohn’s disease, in whom peritonitis occurred after blunt abdominal trauma. Resection of a previously sealed mesojejunal perforation led to remission.

**Case report:** A 10-year-old boy was referred to our hospital with relapsing Crohn’s disease despite several bouts of systemic steroids and addition of azathioprine and infliximab. Remission was achieved under exclusive enteral nutrition. After being kicked into the belly, he presented with acute abdomen. A CT-scan demonstrated leakage of contrast into the jejunal mesentery. Laparotomy revealed inter-loop adhesions covering an old perforation of the small intestine. After resection of the diseased segment a quick recovery was obtained. He remained in remission on low-dose corticosteroids and adjunctive nutritional support.

**Discussion:** Free intestinal perforation is a rare event in Crohn’s disease (1–2%). The transmural nature of the disease favours inflammatory adhesions between the affected bowel segment and local structures, resulting in sealed perforations. In our patient a trivial trauma caused jejunal leakage from a probably pre-existing sealed perforation with subsequent peritonitis. We found only two reports of intestinal perforation following mild trauma in inflammatory bowel disease.

**P075**

**CROHN’S DISEASE IN TUNISIAN CHILDREN: A MULTICENTER STUDY OF 50 CASES**

N. Siala1, *, A. Benzarti1, M. Hackich2, M. Guddiche1, S. Bousnina2, T. Sfar2, S. Ben Becher2, A. Sammoud2, R. Lakhoua2, S. Essoussi2, N. Gandoura2, A. Bouazzzi, F. Bayoudh1, A. Harbi2, M. Ben Harti2, A. Mahzerzi2, 1Pediatrics, Mongi Slim Hospital, La Marsa; 2Pediatrics, Tunisian Group of Gastroenterology, Tunis, Tunisia

Crohn’s disease (CD) is characterized by clinical polymorphism. The aim was to determine clinical, endoscopic and therapeutic characteristics of CD in Tunisian children.

**Patients and Methods:** Retrospective multicenter study of children with CD in 13 pediatric departments between 1998 and 2008. We have studied clinical and morphological data.

**Results:** 50 patients were enrolled. Sex-ratio=1.5. The mean age at the onset was 11 years (6–16). The mean delay for diagnosis was 9 months. 2 children had familial history of CD. Digestive signs present in all cases, were: perforation (69%), ulcerations (83%), stenosis (25%), pseudopolyps (11%). They had fever (57%), diarrhoea (80%), weight loss (74%), osteoporosis (58%), diarrhea (80%). 12% had an associate diagnosis: cutaneous (N = 2), pulmonary (N = 1). Endoscopic lesions were: aphthous (N = 15), ulcerations (N = 12), stenoses (N = 6), pseudopolyps (N = 3), strictures (N = 2). Histological examination showed: inflammatory changes (N = 40), granulomatous changes (N = 6), chronic changes (N = 4). 2 children had familial history of CD. Antibodies were positive in 2 children (IgA+GI 1:200, IgG+GI 1:1600). 4 children had enteropathy autoimmune (1.3%). They were positive in 3 children: antitissue transglutaminase (N = 3), antinuclear antibodies (N = 2). One child had autoimmune hepatitis with hepatitis B. 1/3 received azathioprine, 1/3 received 6-mercaptopurine, 1/3 received infliximab, 1/3 received corticosteroids, 1/3 received immunosuppressive agents. The remission was obtained in 12 children (24%). The therapy was maintained in 7 children (14%). The follow-up was 5.7 years. 28% remained in remission. 2 children required surgical treatment.

**Conclusion:** Pediatric CD is rare in Tunisia. Digestive signs are the most frequent and evocative. New therapeutics and nutrition support permitted to limit the use of corticosteroids, and to improve growth and puberty development.