tolerated overall; 2 patients had difficulty tolerating full contrast volume, 2 reported discomfort during the study and one had emesis after glucagon.

Findings were helpful differentiating acute from chronic inflammation, identifying strictures, perianal disease and to a limited extent enteroeenteric fistulae.

Conclusion: MRE imaging is helpful for adolescent and young children with IBD, avoiding ionizing radiation exposure. MRE should be considered when repeat imaging is anticipated. Most patients tolerate the study well. Smaller contrast volume and slow infusion of glucagon can enhance patient comfort.

P087 THE FREQUENCY OF GRANULOMAS IN CHILDREN WITH CROHN'S DISEASE

M. Cieszkowska1, J. Ciesliki2, P. Barud1, K. Borek1, A. Wedrychowicz2, K. Kowalska-Duplaga2, *, Students' Research Group at Dept. of Pediatrics, Gastroenterology and Nutrition, 2Dept. of Pediatrics, Gastroenterology and Nutrition, Jagiellonian University, Krakow, Poland

Background: Crohn’s disease (CD) belongs to nonspecific inflammatory bowel diseases. One of the microscopic features of CD is the presence of granulomas, however, their clinical significance is not well characterized.

Objective: The frequency of granulomas appearance in children with CD and their influence on disease activity and progression.

Material and Methods: Retrospective analysis included 66 children with CD, aged from 2 to 18 years. Depending on the result of histopathological examination the two groups of patients were separated: the group with (G+) and without granulomas (G-). We analysed clinical parameters, biochemical and serological tests, PCDAI and localization and severity of endoscopic lesions.

Results: Granulomas were found in 9 (15.7%) children. There were no statistically significant differences between analysed groups with regard to disease severity, deviation of biochemical and endoscopic tests. However, in (G+) group the average age was higher (14.1 vs 12.7) and the symptoms maintain on average 3 months longer (311 vs 203 days; p = 0.03) before diagnosis. In (G+) group the average number of stools per day was higher (4.1 vs 2.6) than in (G-) group. The activity of disease was also higher in (G+) group (2.2 vs 1.9) than in (G-) group.

Conclusion: The frequency of granulomas appearance was rather low and had no influence on CD course and severity in children.

P088 USE OF INFLAMMATORY BOWEL DISEASE (IBD) – ASSOCIATED SEROLOGIC MARKERS FOR SCREENING OF CHILDREN AND ADOLESCENTS SUSPECT OF HAVING IBD

C.L. Weems1, *, J.R. Poley2, 1Brody School of Medicine, 2Pediatrics, East Carolina University, Greenville, United States

 Aim: To help distinguish Crohn’s disease (CD) from ulcerative colitis (UC), we have employed “Prometheus IBD Serology 7” (PT), a serologic assay consisting of an- tibody ELISA, IFA perinuclear pattern, and DNAse sensitivity for UC. Upper endoscopy and/or ileocolonoscopy and biopsies were done in all patients with a positive PT.

Results: 1. Negative PT: In 49/85 patients, and there was no evidence of IBD. However, PT was negative in 6/85 patients who had either CD or UC by endoscopy. 2. PT indicating CD: 16/85 patients had evidence of disease. However 2/85 patients had a false positive test. All markers positive: ileo-colonic involvement; CD of terminal ileum: if all markers elevated except anti-OmpC. Anti-CBlI only elevated, was present in 22/49 patients without IBD, but did signal CD or UC with UC phenotype when present in high titer. 3. PT indicating UC: Five of 85 patients had UC, whereas 1 did not. No correlation between specific serologic markers and severity of IBD was established.

Conclusion: The PT seemed to be valuable as screening tool. The sensitivity to predict CD was 88.9%, the specificity was 96%. The sensitivity to predict UC was 62.5%, the specificity was 98%. Limitations of this study: small sample size.

P089 SERUM PRO-HEPCIDIN MEASUREMENT IS NOT A RELIABLE METHOD TO DEFINE THE CAUSE OF IRON DEFICIENCY ANEMIA IN PEDIATRIC INFLAMMATORY BOWEL DISEASE PATIENTS

B. Weiss1, *, E. Shostak1, O. Pikar1, Y. Bujanover4, 1Division of Pediatric Gastroenterology and Nutrition, Safra Children’s Hospital, and Sackler Faculty of Medicine, Tel Aviv University, Tel-Aviv, Israel

Objective: Hepcidin acts as a central regulator or iron metabolism, mainly during inflammation and infection and is considered a major factor in anemia of inflammation.

Aim: To explore the relationship between degree of inflammation, serum pro-hepcidin levels, iron index levels and anemia in pediatric IBD patients.

Methods: Blood samples from 40 pediatric IBD patients were tested for CBC, inflammatory markers, iron indexes and serum Pro-hepcidin. Correlation with patients’ PCDAI was evaluated.

Results: PCDAI had a negative correlation with serum Pro-hepcidin (p < 0.05), hemoglobin (p < 0.01), albumin (p < 0.001) and weight change (p < 0.001) and a positive correlation with platelet count (p < 0.01). No correlation to inflammatory markers and iron indexes. Analysis of variance revealed a borderline correlation of Pro-hepcidin with disease activity (p = 0.07).

Conclusion: Serum Pro-hepcidin is not a reliable method to define the cause of anemia in children with IBD.

P090 TRANSITION OF PAEDIATRIC IBD PATIENTS TO ADULT IBD SERVICES IN A REGIONAL COHORT 1997-2008

R. Rodgers1, S. Attkins2, I. Arnott2, J. Satsang2, D.C. Wilson2, *, 1Paediatric GI/Nutrition, Royal Hospital for Sick Children; 2GI Unit, Western General Hospital, University of Edinburgh; 3Child Life and Health, University of Edinburgh, Edinburgh, United Kingdom

Background and Objective: There are limited data on the transition of children with paediatric IBD (PIBD). We therefore reviewed our regional cohort of paediatric IBD (PIBD) cases to evaluate our transition programme over its 11 year existence.

Methods: Analysis of transition within a cohort of patients with PIBD (diagnosed <18 years of age) managed in a UK PIBD regional centre over an 11 year period (1/8/97-12/4/08). Joint transition clinics were established in early 1998, and were increased from 2 to 4 clinics per year in 01/06.

Results: 117 (45%) of our cohort of 259 patients with PIBD managed in our regional centre for SE Scotland underwent transition to adult services, with 86 through a defined joint clinic process to the major regional adult IBD centre and 31 via traditional transfer of material by summary letter and copies of pathology and radiology to a group of smaller adult IBD units.

Conclusion: The defined clinic, the minimum and maximum durations of transition were 9 and 33 months respectively. The maximum number of patients commencing transition in a calendar year was 16, with the youngest ever being 15 years of age and the oldest ever 19 years.

P091 ULTRASONOGRAPHIC ASSESSMENT OF ULCERATIVE COLITIS IN CHILDREN: COLONIC WALL THICKNESS CORRESPONDS TO ENDOSCOPIC AND HISTOLOGIC ACTIVITY

A. Yoden1, *, M.K. Sugimoto1, H. Tamai1, 1Department of Pediatrics, Osaka Medical College, Takatsuki, Japan

Background: Colonoscopy is the gold standard in the diagnosis and follow-up of ulcerative colitis. Patients, especially in children, often hesitate to undergo colonoscopy because of the invasiveness.

Objective: To compare the ultrasound (US) measured colonic wall thickness (CWT) in UC children with colonoscopic and histologic activity and evaluate the usefulness of the ultrasound.

Patients and Methods: 15 UC patients aged 2 months to 22 years were prospectively studied. All patients were diagnosed on the basis of the clinical, endoscopic, and histologic criteria and underwent transabdominal US for follow-up of UC within 2 days prior to colonoscopy. The CWT was compared with endoscopists’ grading and histologic Matts’ grade.

Results: The normal CWT was less than 3 mm. The CWT was significantly greater for endoscopic Matts’ grade 3 and 4 lesions than for normal subjects and lower grade lesions and significantly thicker for grade 2 lesions than for normal subjects and grade 1 lesions. Thus, as the Matts’ classification grade increased, the CWT as determined by US also increased. A cutoff value of sigmoid CWT greater than 2 mm had a sensitivity of 63.9% and a specificity of 100% for the identification of involved segments in patients with active UC. Simultaneously the CWT significantly correlates with histologic Matts’ grade activity.