P097 THE USE OF INFlixIMAB IN THE TREATMENT OF REFRACTORY INFLAMMATORY BOWEL DISEASE IN CHILDREN
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Aim: The aim was to assess indications and clinical responses to the use of Infliximab in children with refractory inflammatory bowel disease (CD, UC, IC and others) to conventional medical treatment.

Methods: We reviewed 50 case notes, median age 14.75 years (range 1.6 to 19.9 years, 28 male) in a 6 year period in our hospital.

Results: The overall clinical response to Infliximab was 86% (36 patients, n = 42). Indications were Crohn’s disease only (CD), response 16 out of 17 patients, fistulizing CD 5/6, CD with Orofacial granulomatosis (OGF) 4/4, CD with Juvenile idiopathic arthritis (JIA) 2/2, Ulcerative colitis (UC) 4/5, Indeterminate colitis UC 4/5 and others 1/3. Median age at first Infliximab infusion was 13.9 years (range 1.5 to 17.10 years). Median duration of infusions was 9 months (range 1 to 33). 2 patients with UC and 2 with IC received additional Basiliximab infusions, for intractable bleeding and treatment failure. 32 patients (n = 50) had some form of immunosuppression. 38 patients (n = 46) received the standard regimen of infusions at weeks 0, 2 and 6 and then 8-weekly thereafter at a dose of 5 mg/kg. All patients (n = 50) were on at least 2 immunosuppressive medications at 1st Infliximab infusion, 31 patients had 3 or more. None of the above patients had adverse reactions.

Conclusion: Our findings suggest that Infliximab is an efficacious and safe treatment for intractable IBD and should be considered in patients unresponsive to conventional treatments.

P098 PREVENTION OF ACUTE ADVERSE EVENTS RELATED TO INFlixIMAB INFUSIONS IN PEDIATRIC PATIENTS
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Background: Acute adverse events related to Infliximab infusions are challenging in the administration of this therapy. Acute reactions are not IgE-mediated but the underlying mechanisms are poorly understood. The most common acute reactions, flush, urticaria, dyspnea and feverish sensation, are more efficiently prevented by glucocorticoids.

Objectives: To study if a premedication with oral antipyretic agent (paracetamol) and antihistamine (cetirizine) could decrease the frequency of acute infusion reactions.

Methods: All pediatric patients scheduled for Infliximab infusions at our hospital were prospectively introduced to oral paracetamol (20 mg/kg) and cetirizine (10 mg) 1 h prior to Infliximab infusions for one year. Acute adverse events were registered for this time period and retrospectively during the preceding year.

Results: During the study period, Infliximab infusions with premedication were given to 64 pediatric patients on immunosuppressants (48 with rheumatic disease and 16 with IBD; mean age 15 years). Infliximab was introduced to 14 of these children; the rest were on maintenance therapy. 12 infusion reactions, 4 mild and 8 severe, were observed in 8/64 (12.5%). In one subject four times. During the preceding year, infusion reactions occurred in 5/60 (8.3%); p < 0.05. The presentation of an acute infusion reaction was not related to the diagnosis.

Conclusion: Disappointingly, in pediatric patients acute infusion reactions related to Infliximab could not be prevented with premedication with oral paracetamol and cetirizine.

P099 PREDNISONE IN THE FIRST YEAR AFTER DIAGNOSIS OF CROHN DISEASE – PROSPECTIVE EVALUATION OF THE TREATMENT STRATEGY
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Aims: Evaluation of prednisone cumulative dose and azathioprine steroid-sparing effect in week 52 after diagnosis.

Methods: Inclusion criteria: age 0–19 yrs, Crohn disease (CD), follow-up at least 52 weeks. CD was diagnosed according to Porto criteria, PCDAI was used for monitoring of therapeutic response, calculation was routinely realised at diagnosis, then in week 12, 26, 38, and 52, or at any time when relapse was suspected.

Results: Inclusion criteria matched 48 patients, aged 5–18 yrs. Mean follow-up was 48 (13–117) months. Systemic corticosteroids (CS) were used in 40 (83%) patients during 52 weeks of follow-up. Median of PCDAI at diagnosis was 30 (5–52.5) points. Thirty-five (87%) patients received prednisone, five (13%) budesonide. Twenty patients received CS in week 52; 11 (69%) of them <0.09 mg/kg/day. Median of prednisone cumulative dose was 70.1 (15.0–159.6) mg/kg/y, that is approximately 0.19 mg/kg/day. Remission was achieved in 35 (80%) patients in week 52. Corticosteroid was dropped in 6 (15%) patients. Cumulative dose of prednisone reached 66.3 mg/kg/y in group of patients treated with azathioprine till the 12th week. This dose was quite different in children who were not treated with azathioprine initially 102.8 mg/kg/y. Nevertheless, this difference was statistically insignificant (p = 0.09). Conclusion: Cumulative dose of CS during first year after diagnosis didn’t reach levels which are linked to growth impairment. Concomitant azathioprine treatment helps to diminish amount of applied CS and increases the probability of long-term remission.

P100 NEW MEANS TO MONITOR THE EFFECT OF GlUCOCORTICOID THERAPY IN CHILDREN
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Background: The effects of glucocorticoid therapy (GC) on immune cells are incompletely understood.

Methods: We developed a novel assay, in which the effect of patient’s serum on donor’s blood derived mononuclear cells was studied by measuring a panel