erotic pustular lesions on perianal sculp with remarkable progression to obvious PG during the next two days. The blood cultures were sterile and symptomatic steroids were introduced. Headache, neck pain and dysphagia gradually regressed and disappeared. Laboratory markers of inflammation returned to normal. Marked improvement of the skin ulcerations on right dorsum and the scalp and almost complete healing occurred after three months of treatment with corticosteroids.

**Conclusion:** An unusual clinical appearance and course of PG in IBD patient was presented. An atypical variant like pyoderma of the neck and head is very rare presentation. It can be aggressive and often associated with neurologic symptoms. This case shows that atypical PG is sometimes difficult to confirm and establish the clinical value of 99mTc-HMPAO-LLS in differential diagnosis of extraintestinal manifestations and septic complications of IBD.

**P051**

Prospective study of contrast-enhanced small bowel sonography (CES) in patients with Crohn’s disease (CD) operated of an ileal stenosis. **Preliminary results**

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**Introduction:** contrast-enhanced sonography (CES) may assess vascular pattern of the bowel wall. The aim of this study was to compare CES to pathological examination of resected ileal specimens in CD.

**Patients and Methods:** patients who required an ileal resection for an ileal stenosis due to CD underwent a CES and an abdominal CT scan before the operation. Semi quantitative evaluations of bowel wall enhancement on CES (adapted Limberg classification in 4 stages), of inflammation on the CT scan (Am J Gastroenterol 2007;102:2541), and of fibrosis and inflammation in the resected ileal specimen were performed (Am J Gastroenterol 2007;102:2541). Each of these evaluations was blinded of the results of the others.

**Preliminary results:** 12/13 of resected ileal specimens had marked histological inflammation; 10 of these 12 patients had intense vascular enhancement of the bowel wall (Limberg 3 or 4) preoperatively. The only specimen without inflammation had a weak vascular enhancement on CES (Limberg 2). In specimens with mixed pattern (fibrosis and inflammation) CES showed an intense vascular enhancement (3/3). CES was inferior to CT scan for topography of lesions (including number and length of stenoses) and diagnosis of fistulas and abcesses. A bowel thickening >7 mm in CES was found in 7 patients; 6 of them had inflammation-predominant lesions in resected bowel specimens.

**Conclusion:** Most resected ileal specimens for CD have a marked inflammation, which appears to be well recognized by CES (Limberg classification 3 or 4 and bowel thickness >7 mm). These preliminary results need to be confirmed.

**P052**

Capsule endoscopy in suspected Crohn’s disease – our initial experience

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**Background:** Capsule endoscopy (CE) allows for complete visualization of small bowel mucosa in a minimally invasive manner, representing a valuable diagnostic tool in patients with suspected Crohn’s disease (CD), whose initial endoscopic or radiological exams were negative or inconclusive.

**Aims and Methods:** To evaluate the diagnostic yield of CE in patients with suspected CD. We retrospectively analyzed medical records of patients submitted to CE and the following data were evaluated: age, sex, signs and symptoms and their duration, body mass index (BMI), previous diagnostic exams, CE findings, new medication started, clinical evolution. To establish the diagnosis of CD on CE we considered the following findings: >6 erosions or aphthoid ulcers; <6 erosions or aphthoid ulcers, associated to villous focal atrophy; regular and ulcerated stenosis. Patients on NSAIDs in the month previous to the examination were excluded. The definitive diagnosis of CD was established based on clinical evolution of patients, with a minimum follow-up of 6 months.

**Results:** Sixteen CE were performed in 16 patients (7 men; 9 women), with a mean age of 39.5 ± 18 years (minimum 17; maximum 74). Signs and symptoms: diarrhea – 68.8%; abdominal pain – 62.5%; weight loss – 31.3%; visible gastrointestinal blood loss – 18.8%; arthralgias 6.3%; fever – 6.3%. Anemia was present in 4 patients (25%). Mean BMI: 22.5 ± 4.5 kg/m². Mean duration of symptoms was 30 ± 24 months. When CE was performed, 5 patients (31.3%) were on 5-ASA medication. Previous diagnostic examinations: total colonoscopy in the 16 patients (87.5% with no lesions); small bowel follow through in 14 patients (93% with no lesions); ileoscopy in 9 patients (55.6% with no lesions). Total enteroscopy was possible in 14 patients (87.5%); no cases of capsule retention were registered. Endoscopic findings suggestive of CD were observed in 7 patients (43.8%) and 5 of this started new medication. The mean follow-up period was 14 ± 9 months. Definitive diagnosis was made in 6 of 7 patients diagnosed by CE (sensitivity of 100% and specificity of 90%).

**Conclusions:** CE is a useful diagnostic tool in patients with suspected CD, but negative or inconclusive initial examinations. In our study CE showed a sensitivity of 100%; a negative exam almost excludes small bowel CD.

**P053**

Inflammatory bowel disease in the elderly. A comparison with young adults


**Aims:** to describe the incidence and the presentation of inflammatory bowel diseases (IBD) in the elderly and compare the outcomes in patients <50 years or ≥50 years at diagnosis.

**Patients and Methods:** the study included retrospectively all IBD patients diagnosed in our department between 1996 and 2008. They were subdivided to two groups: G1: patients <50 years; G2: patients ≥50 years. We compared the two groups regarding:
- The diagnosis circumstance and the symptoms revealing the IBD
- The type of IBD and its location
- The severity of the first attack
- The evolution, the prevalence of the complication and the surgery requirement

**Results:** three hundred eighteen patients were included. Fifty nine patients were ≥50 years (18.5%). Crohn’s disease was significantly more frequent in younger patients (61% vs 45%, p < 0.05), however we didn’t find difference concerning the ulcerative colitis prevalence. Clinical presentation were similar to those in younger patients except for a higher rate of the rectal blood loss (73% vs 54%, p < 0.05). There is no difference concerning the IBD location except the peri-anal involvement, with a greater prevalence in younger patients (22% vs 8.5%, p < 0.05). IBD were surprisingly less complicated in older patients (16% vs 31% p < 0.05), so they were less likely to require surgery treatment (8.5% vs 22%, p < 0.05), immunosuppressive (10% vs 25%, p < 0.05) or readmission for IBD flares.

**Conclusion:** contrary to what is awaited IBD in elderly seem to have good prognosis with less complications and surgery requirement then in younger patients.