Terminal/neoterminal lesions were detected at SICUS in 23 patients, confirmed at ileo-colonoscopy in 22 and at surgery in 1. Terminal/neoterminal lesions were excluded at SICUS in 1 patient with CD of the colon and in 2 operated patients with no recurrence and confirmed at ileo-colonoscopy. SICUS detected additional jejunal/proximal ileum lesions in 7 pts confirmed at radiology and/or WCE or surgery. At SICUS the extension of the proximal and distal SB lesions was 26±22.8 cm and 17±10 cm respectively. Furthermore SICUS detected extraluminal CD findings, namely nodes enlargement and mesenteric involvement, in 21/26 patients.

Conclusions: These findings indicate that the non invasive procedure SICUS: 1) has a high accuracy for diagnosing Crohn’s lesions of the SB, 2) is comparable to endoscopic, radiological and WCE examination, in detecting presence and site of SB lesions, and 3) furthermore enables to assess the extension of the SB lesions. These findings support the use of non-invasive SICUS as a first choice examination in the diagnostic work up and follow up of CD pediatric patients.

Reference(s)

P059
Incidence of pre-malignant lesions in patients with long standing ulcerative colitis
J. Gordillo1, Y. Zabana2, E. Garcia-Planella1, M. Mañosa2, M. Concepción1, J. Boix2, S. Sainz1, E. Cabrè2, C. Guarnier1, E. Domènech2, 1Hospital Santa Creu i Sant Pau, Barcelona, Spain, 2Hospital Universitari Germans Trias i Pujol, Badalona, Spain

Introduction: Ulcerative colitis (UC) has an increased incidence of colorectal cancer (CRC). Endoscopic surveillance should be performed depending on the extent and duration of the disease. The incidence CRC and pre-malignant lesions in the Mediterranean area has not been accurately assessed, and recent studies suggest a reduction in CCR/dysplasia risk in UC in the last years.

Aims: To evaluate the incidence of CRC/dysplasia/adenomas and associated risk factors in long standing UC.

Patients and Methods: We registered from databases of two referral centres all screening endoscopies of patients with long-standing UC (>10 years for left-sided and >15 years for extensive UC). We collected the results of endoscopy, and biopsies, risk factors, clinical and treatment data.

Results: 187 patients (51% males, 61% extensive UC) were included. The age at onset of the disease was 34.3±13.2 years, the median time of evolution of UC was 21.7±6.9 years at the end of follow-up. We performed a total of 503 colonoscopies (median per patient 2, IQR:1–4), 84% were full colonoscopies. We did not find any CRC but we found 8 cases of dysplasia (5 low-grade, 3 indeterminate dysplasia). Only two cases had been on immunosuppressive therapy (thiopurines for steroid-dependency). 5 out of these 8 patients had surveillance colonoscopies after the detection of dysplasia and this was confirmed only in one of them. The cumulative probability of detecting dysplasia was 0%, 2.4% and 9.5% at 10, 20 and 30 years of disease, respectively. We detected adenomatous polyps in 15.5% of patients in some of screening colonoscopies. Predictive factors for dysplasia were not identified.

Conclusions: In our geographical area, long standing UC appears to have a lower incidence of dysplasia/CRC as compared to other areas. These patients could present an smaller incidence of adenomas as compared to the general population.

P060
The role of MR enterography for detection of enteral fistulas in Crohn’s disease, correlation with radiological and surgical findings

Purpose: Crohn’s disease (CD) is a lifelong disease arising from an interaction between genetic and environmental factors. Crohn’s disease pathogenesis is characterized by to main mechanisms, causing transmural lesions of the bowel wall and an excessive fibrogenic response. CD is a chronic inflammatory disease of the gastrointestinal tract characterized by aphthous ulceration, cobblestoning, strictures, and fistula formation. CD is accompanied by fistulas in 40–50% of the patients during the course of illness. The aims of this study are to evaluate the diagnostic value of MR enterography (MREG) in detection of enteral fistulas.

Material and Methods: 30 patients with known CD were enrolled in the study. All patients had histopathologic proof of Crohn’s disease. All of them were suspected of fistulating CD, 15 patients underwent previous operation.

The MREG was performed at 1.5T after the oral administration of 6% mannitol solution. The MREG protocol included TrueFISP, HASTE sequences before intravenous contrast administration and Gd-enhanced T1-weighted fat-suppressed Flash 2D i 3D and VIBE sequences.

The results of clinical examination and fluoroscopy after administration of barium were used as references. In 9 cases results were compared with surgical findings.

Results: Two radiologists determined presence of fistula, localization and size of tract. Interobserver agreement for detection, localization and etiology for each fistula was calculated (p < 0.05). The most useful sequence for detection and localization fistulas were appointed T1-weighted Gd-enhanced fat-suppressed images (Flash 2D i 3D).

38 fistulas were found in twenty eight patients in MRI: ileoileal (n = 10, Figure 1), ileocolic (n = 8, Figure 2), ileovesical (n = 9, Figure 3), rectovaginal (n = 1, Figure 4), ileocutaneous (n = 10, Figure 5, Figure 6). In 4 cases were found abscess (n = 4, Figure 7).

Interobserver agreement between two radiologist for detection of fistula was 0.8 (kappa).

The MRI results were compared with surgical findings. Overall sensitivity, specificity and accuracy for fistula detection was 76.5%, 71.2% and 75.2% respectively. Sensitivity and specificity for correct localization was 74.1% and 75.6% respectively with visualization of the fistulas tract in all cases.

Conclusion: MREG is an accurate tool for detection of enteral fistulas in CD. Gadolinium-enhanced T1-weighted fat-suppressed imaging, provides the greatest conspicuity for delineation of the fistulas tract. MREG is the most accurate preoperative technique for complete evaluation and classification of enteral fistulas.