This may be interpreted in two different but compatible ways: A positive view, highlighting that infliximab therapy is relatively durable, with the majority of patients predicted to continue infliximab treatment at least during the first year; or a negative view, interpreting that a significant proportion of Crohn’s disease patients – more than 10% per patient-year of infliximab treatment – on long-term will lose response and will require an increase in dose and/or decrease in infusion interval.

P175 Low endothelial progenitor cell numbers in patients with inflammatory bowel disease

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Aim: Circulating endothelial progenitor cells (EPCs) derive from bone marrow and are essential to endothelial repair and vascular healing. It is well known that patients with inflammatory bowel disease (IBD) may suffer a contemporary endothelial dysfunction and recently a reduced EPC number has been reported in acute ulcerative colitis (UC) patients, but there have been no reports on its cause. Aim of the study is to investigate in IBD patients number and function of EPCs and to assess patients’ endothelial function.

Materials and Methods: 47 UC patients, 53 Crohn’s disease (CD) and 50 healthy controls were included. 24 UC and 26 CD had also assessed the brachial artery flow-mediated dilation (FMD), the CXCR4 expression and the percentage of apoptosis on circulating EPCs and their ability to colony forming unit in vitro. Analysis was performed by Kruskal–Wallis ANOVA, Mann–Whitney U two-tailed and Spearman rank correlation tests.

Results: EPC number were significantly lower in UC patients (39.6 [95% CI, 30.7–48.6]) and in CD patients (43.1 [95% CI, 35.9–50.4]) than in healthy controls (97.1 [95% CI, 88.3–105.9], p < 0.001). CXCR4 expression on EPCs did not significantly differ from controls. EPCs of both UC and CD patients showed increased apoptosis and reduced ability to generate colonies in vitro.

Conclusions: In IBD patients, increased apoptosis may explain the reduced circulating EPC numbers and their reduced ability to proliferate in vitro. Endothelial dysfunction in IBD patients may be a relevant factor to its pathophysiology.

P176 Maintenance therapy with infliximab in corticosteroid-dependent patients with ulcerative colitis (preliminary results)

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Aims: To assess clinical and analytical response to maintenance therapy with infliximab (IFX) in patients with corticosteroid-dependent ulcerative colitis (UC).

Patients and Methods: Twenty-five patients (12F/13M; 40.20±13.45 years old) with corticosteroid-dependent UC in maintenance therapy with IFX (5 mg/kg; every 8 weeks) were included in this retrospective, observational study. TrueLOVE clinical index, withdrawal of steroids, need for surgery, haemoglobin and RCP (baseline and 6 months later in all of them) were used to evaluate clinical and analytical response. The mean duration of the disease was 8.52±5.49, and the average time of previous treatment with steroids was 32.96±22.71 months. All the patients received concomitant treatment with Azathioprine. The location of the disease was proctosigmoiditis (6/25; 24%), left colitis (11/25; 44%), extensive colitis (2/25; 8%) and pancolitis (6/25; 24%). The average number of IFX infusions were 10.36±7.68, during a mean time of 15.88±15.82 months.

Results: Clinical response was achieved in (16/25; 64%), and steroid withdrawal (21/25; 84%). As parameters of response to the therapy of maintenance with Infliximab we find a statistically significant improvement baseline vs at 6 months, in the levels of hemoglobin (11.57±1.85 g vs 12.71±1.65 g), in the reduction in number of depositions: (6.48±4.68 vs 3.55±2.59), and in the presence of blood in the stools (92 % vs 64 %; p < 0.001). TrueLOVE clinical index also achieved a statistically significant improvement (baseline vs 6 months) being mild (10/25; 40% vs 17/25; 68%; p < 0.001), moderate (13/25; 52% vs 8/25; 32%; p < 0.001) and severe (2/25; 8% vs 0/25; 0%; p < 0.001). In the group without response to the treatment with infliximab nine patients were included (9/25;36%): for need of colectomy (6/25; 24%), voluntary abandonment of the treatment (1/25; 4%), adverse effect (1/25; 4%) and non efficacy of the treatment (1/25; 4%). The tolerance to the treatment was good, appearing adverse effects in 7/25 patient (28 %), mainly mild (71.42%).

Conclusions: Maintenance therapy with IFX is useful and well-tolerated for patients with corticosteroid-dependent UC.

P177 Efficacy and safety of infliximab in patients with ulcerative colitis intolerant or resistant to conventional treatment

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Background: Several clinical trials have reported the effectiveness of infliximab in ulcerative colitis. However, in these studies some of the patients had not been previously treated with immunosuppressive agents (azathioprine and/or methotrexate) and had only received 5-ASA. The aim of our study was to assess the safety and effectiveness of infliximab in ulcerative colitis patients intolerant and/or resistant to immunosuppressive agents.

Patients and Methods: 34 consecutive patients (22 women and 12 men, mean age: 41 years) were included between October 2005 and August 2008. All patients had an active disease despite conventional treatment with steroids and immunosuppressive agents. Mean duration of the disease was 88 months (8–330). 23 patients had a left-sided colitis and 11 an extensive colitis. Patients with severe symptoms, according to Truelove criteria, were excluded. All patients received infliximab intravenously at week 0, 2 and 6 (5 mg/kg) and then every eight weeks. Induction therapy was followed by an assessment through Clinical Mayo score (CMS: 0–9). Response to treatment was evaluated after the third injection of infliximab and defined as a >50% decrease of the CMS, whereas remission was defined by a CMS ≤2 with no subscore over 1.

Results: 33/34 patients received full induction therapy. One patient underwent colectomy after the second infusion. After induction therapy, 23 patients (68%) responded and 15 achieved remission (44%). The median CMS decreased from 6 (2–9) to 2 (0–8; p < 0.05); median C-reactive protein levels decreased from 17 mg/L (1–150) to 10 mg/L (1–63) (p < 0.05). Among 11 non-responders, two were lost to follow-up, three underwent colectomy after five infusions (4–6), and three were treated with other biotherapies. Among 23 responders, 20 had a sustained response (in 15 cases, the dose of infliximab was increased to 10 mg/kg), whereas three were switched to other biotherapies after lost of response. Steroids were stopped in 12 of 22 initial steroid-resistant patients after five infusions (2–8). After a median follow-up of 13 months (2–25), no neoplastic pathology or severe opportunistic infection were observed.

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Treatment was discontinued for one patient due to an allergic bronchospasm.

Conclusion: Infliximab is a safe and effective treatment in ulcerative colitis patients who are intolerant and/or resistant to conventional treatments with steroids and immunosuppressive agents. Sustained response is observed in most of cases with maintenance treatment.

P178
A pilot study of elemental diet for chronic pouchitis
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Background: Treatment resistant chronic pouchitis causes significant morbidity. Elemental diet (ED) is effective treatment for Crohn’s disease, since pouchitis shares some similarities we hypothesised that ED may be an effective treatment.

Method: 7 UC chronic pouchitis patients were studied. Exclusion criteria were recent NSAIDs, antibiotics or probiotics. Sufficient ED to achieve energy requirements was provided. Flexible-pouchoscopy, and the Cleveland Global Quality of Life score (CGQoL), Pouch Disease Activity Index (PDAI), and BMI recorded at baseline and following 28d ED. Data were analysed with a paired t-test.

Results: The mean CGQoL score increased from 0.47 to 0.54. Mean stool frequency decreased from 14 to 8, the clinical PDAI decreased from 9 to 7, BMI decreased from 24.6 to 23.4.

Conclusion: Patients with chronic pouchitis tolerate ED, resulting in a significant reduction in stool frequency (p = 0.03). Its effect on QoL and clinical PDAI (p = 0.3) requires further investigation; some patients achieved significant clinical benefit. Endoscopic healing did not occur, similar to some patients who achieve symptomatic remission with antibiotics. These preliminary data suggest ED may be efficacious in some patients who are intolerant of or resistant to antibiotics. Further research is warranted.

P179
Azathioprine use in patients with inflammatory bowel disease. How frequently do we encounter adverse events? A general hospital experience
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Background: Azathioprine is frequently used in achieving and maintaining remission in patients with inflammatory bowel disease.

Aim: We performed a retrospective case series analysis on patients with inflammatory bowel disease who were on azathioprine at our hospital, in order to record the frequency of adverse events.

Methods: Fifty seven patients (23 males, 34 females, mean age 35.3 years) were included in our analysis. Thirty patients had Crohn’s disease and 27 patients were diagnosed with ulcerative colitis. All patients were followed up at our outpatient’s clinic with complete blood counts, liver enzymes and pancreatic enzyme levels monitored at weeks 1, 2, 4, 8 and 12 after initiation of azathioprine administration, with subsequent testing every 12 weeks for the duration of azathioprine treatment.

Results: The most common adverse event was a rise in amylase levels (2–3 times from the upper normal limits) occurring in 3 of our patients (5.3%). Leukopenia requiring dose reduction (leukocyte count <3.5×10³/l) was seen in 2 patients (3.5%), while severe leucopenia (leukocyte count <2.5×10³/l) was seen in only 1 patient (1.7%). In this patient leucocyte count returned to normal after azathioprine discontinuation. Hepatotoxicity (rise of amino-transf erase levels 2 times from the upper normal limits) was less common occurring in 1.7% of our study population (1 patient only).

Conclusions: Azathioprine use in patients with inflammatory bowel disease appears to be safe, with adverse events being reversible and occurring in a minority of those treated.

P180
High sensitivity C-reactive protein in paediatric patients with inflammatory bowel disease
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Aim: Despite active disease, paediatric patients with inflammatory bowel disease (IBD) may present with low C-reactive protein (CRP) levels. High-sensitivity CRP (hs-CRP) assays measure the levels of CRP that were previously thought to be under the detection limit. We analyzed hs-CRP levels in paediatric IBD patients and studied the association between hs-CRP and clinical and histological activity and inflammatory parameters CRP and faecal calprotectin.

Materials and Methods: Thirty-nine IBD patients (mean age 12.4 years, age range 1.9–18) with clinically active (n = 30) and quiescent (n = 9) disease were studied at the time of the colonoscopy. 20 patients had Crohn’s disease (13 ileocolitis, 7 colitis), 19 patients ulcerative colitis (16 pancolitis, 3 left-sided disease). 20 patients had fresh diagnosis. 34 non-IBD patients (mean age 11.6 years, range 1.8–17.2) served as controls. Hs-CRP was quantified with a human C-reactive protein Instant ELISA kit (Bender MedSystems GmbH, Vienna, Austria) that has a detection limit of 78 μg/ml. CRP was quantified in a clinical laboratory (detection limit <5 mg/L) and faecal calprotectin as described [1]. Histological activity was calculated with a modified histology score [2]. Values are presented as median (range).

Results: Patients with clinically active IBD had significantly higher hs-CRP levels (0.7 mg/L, p = 0.007–5.6) than patients with quiescent disease (0.1 mg/L, p = 0.01–1.9, P < 0.05) or non-IBD controls (0.03 mg/L, p = 0.008–4.9, P < 0.001). 43% of the patients with active disease had hs-CRP levels above the range of the patients with quiescent disease. All the measured hs-CRP levels were below the detection limit of the assay. Also faecal calprotectin was higher in patients with active than quiescent disease (1030 μg/g, p = 0.001 vs. 180 μg/g, p = 0.05, respectively). CRP levels, however, were similar between patients with active (<5 mg/L, <5–45) and quiescent (<5 mg/L, <5–12, p = 0.08) disease. In patients with active disease, 57% had CRP levels below the detection limit. Histology score correlated with hs-CRP levels only in the ileum (R = 0.453, P < 0.05).

Conclusion: In paediatric IBD, 57% of patients with active disease had CRP levels below the detection limit. Instead, all the hs-CRP levels of the patients were detectable. Of patients with active IBD, 43% had hs-CRP levels above the range of the patients with quiescent disease. In children and adolescents with IBD hs-CRP might be a better marker of active disease than CRP.

Reference(s)