Table 1. Summary of results.

<table>
<thead>
<tr>
<th></th>
<th>Control group</th>
<th>Thiopurine group</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>65</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>Crohn’s disease</td>
<td>33</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>Ulcerative colitis</td>
<td>32</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Father’s age at conception (yrs)</td>
<td>33.2±4.3</td>
<td>34.2±4.1</td>
<td>0.22</td>
</tr>
<tr>
<td>Mother’s age at conception (yrs)</td>
<td>31.7±5</td>
<td>32.6±4.3</td>
<td>0.31</td>
</tr>
<tr>
<td>Cigarette smoking (Father)</td>
<td>34 (52.3%)</td>
<td>16 (37.2%)</td>
<td>0.168</td>
</tr>
<tr>
<td>Cigarette smoking (Mother)</td>
<td>30 (46.2%)</td>
<td>15 (34.9%)</td>
<td>0.319</td>
</tr>
<tr>
<td>Fertility impaired (&gt;12months of attempts to conceive)</td>
<td>4 (6.2%)</td>
<td>6 (14%)</td>
<td>0.192</td>
</tr>
</tbody>
</table>

Quantitative variables are given as mean ± standard deviation. Part of these data were presented at UEGW2008, Vienna.

Conclusion: Our data suggest that paternal exposure to thiopurines does not influence pregnancy outcomes or male fertility.

P197 Is the clinical course of UC different in Turkey?

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Aim: Clinical course of ulcerative colitis (UC) may show differences in relation with genetic and environmental factors. Its clinical course is not known in Turkey. In this study the clinical course of IBD in regularly followed up patients are analyzed.

Materials and Methods: Data of UC patients admitted to IBD outpatient clinic from 1994 to 2008 are analyzed for age, gender, disease duration, localization, activation, clinical course, amebiazis, NSAII during activation, treatments for activation and remission, corticosteroid (CS) use, CS resistance and dependency, local progression and regression, smoking and family history.

Findings: 612 patients in regular controls were analyzed. Disease duration was less than 5 years in 176, 5 to 10 years in 165, between 10 to 20 years in 227 and more than 20 years in 44.

196 (32 %) cases revealed distal localization, 214 (34.9%) had left sided disease and 202 (33.1%) had pancolitis.

Clinical course: 13 cases (2.1 %) had single attack, 14 cases (2.2%) were chronically active, 553 (90.4%) were in chronic intermittent stage (rare attacks), 28 (4.6%) were also in chronic intermittent stage (frequent attacks) and 4 cases (0.7%) had their first fulminant attack.

In active stage 76 had amebiazis, 9 had NSAID and 5 had oral contraceptive drug use history.

Remission was obtained in 337 patients (55.1 %) with 5-ASA, in 113 (18.8%) with 5-ASA & antibiotics, in 144 (23.5 %) 5-ASA&CS and in 18 with 5-ASA&CS&IMS. For the maintenance of remission IMs was used in only 2.6% of our cases.

Corticosteroid resistant UC rate was 4.9%, CS dependency rate was 2%.

Total colectomy, IPAA was performed in sixty of our 612 patients. Indications for surgery were; no response to medical treatment or drug side effects in 44 cases. 10 for emergent complications and 6 for dysplasia and colon cancer.

55 cases (8.8 %) revealed local progression in opposition to 206 cases revealing local regression. Presence of amebiazis during activation among patients with disease duration from 10 to 20 years was 21.1%. Statistically significant relation was found between the disease duration and the presence of amebiazis (p < 0.001).

When local progression in disease is compared with the clinical course 8 patients (14.5%) with intermittent frequent attacks showed local progression and this relation was statistically significant (p < 0.001).

Three cases with appendectomy history were in chronic active stage. The appendectomy and the clinical course relation was found to be statistically significant (p: 0.002)

Colectomy revealed a statistically significant relation with the clinical course (p < 0.001). 12 chronic active patients had colectomy.

Pouchitis also revealed a statistically significant relation with the clinical course (p < 0.001). Pouchitis developed in 2 fulminant cases given to surgery.

Results: The analysis of our UC patients revealed a milder clinical course than the other series. Operation rate was lower, corticosteroid resistance and dependency rates were lower than the European and North American series.

Anti-infliximab antibodies in routine clinical practice  – is it worth to assess them?

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Aim: To assess the role of anti-infliximab antibodies (ATI) formation in therapeutic response and occurrence of allergic reactions in patients with inflammatory bowel disease.

Material and Methods: We included Crohn’s disease (CD) and ulcerative colitis (UC) patients, treated consequently with infliximab at our tertiary IBD center, in whom the presence of ATI was prospectively measured. Response to infliximab was classified retrospectively as: 1. Prolonged response (initial good response maintained during the long-term treatment); 2. Loss of therapeutic response (initial good response with secondary loss of response) and 3. No response (initial no response). Blood samples were taken prior to each administration of infliximab infusion and analyzed for ATI using commercial ELISA test (Matriks Biote). Fisher exact test with significance level of 5% was used for the statistical evaluation.

Results: A total of 133 IBD patients (56 males), 95 CD and 38 UC, were included with median follow-up time of 6 months (2–12 month) Eighteen (14%) patients were found to be positive for ATI. Significantly higher occurrence of ATI was observed in patients with loss of response (secondary non-responders) to infliximab compared to those with prolonged response (55% vs. 9%, p = 0.001). None of the patients with primary no response was positive for ATI. Seven (5%) patients experienced allergic reaction. However, no significant difference in the presence of ATI between those with and without allergic reaction was found (29% vs. 13%, p = 0.19).

Conclusion: The presence of ATI seems to be responsible for secondary loss of response to infliximab in significant proportion of patients. However, no association with primary non-response or allergic reactions was observed. Assessment of ATI may be useful when deciding for further treatment strategy.