patients had only one, single episode of symptomatic disease. Forty-two percent had intermittent clinical symptoms and 14% of the patients had more or less chronic symptoms. Celiac disease was tested for in 37% of the CC patients and in 60% of the LC patients. In these patients, 13 cases of celiac disease were found, which gives a frequency of celiac disease of about 4.5–5% in this group.

**Conclusions:** In this population-based study we found an incidence of MC which corresponds to recent data. For the majority of patients, the clinical course was benign, often only one single episode of diarrhoea was registered, but for 14% the symptoms were more or less chronic with no difference between CC and LC. Moreover, the frequency of celiac disease in this patient group is high and we suggest that patients with celiac disease not resolving on gluten-free diet should be investigated for MC and vice versa.

**P407**

**Phenotypic concordance in familial inflammatory bowel disease (IBD)**


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**Background:** Familial history of IBD remains the only and most important risk factor for developing IBD. Cases with familial aggregation have been associated with a more aggressive disease evolution as compared to sporadic forms, but phenotypic concordance between IBD patients of a same family has been scarcely assessed.

**Methods:** Patients with familial history of IBD were identified from the Spanish IBD registry ENEIDA. Among these, those families of whom at least two members were included in ENEIDA were selected. For concordance analysis (kappa linear index with Altman’s classification), the members of a same family were grouped in couples. Concordances for type of IBD (Crohn’s disease – CD – vs ulcerative colitis – UC), and disease extent/localization and aggressiveness (in terms of biologicals and surgery requirements) for those couples concordant for IBD type, were analyzed.

**Results:** 798 out of 11,905 IBD patients (7%) included in ENEIDA had familial history of IBD (418 CD, 364 UC, 16 indeterminate IBD). Among these, complete data of 108 familial groups (97 with 2 members, 8 with 3, 2 with 4 and 1 with 5) corresponding to 231 patients (135 CD, 92 UC, 4 indeterminate IBD). 34% of couples were parent-child, 40% siblings and 26% 2nd degree relatives. Smoking status at the time of IBD diagnosis was concordant in 58% of couples. Patients from the newer generation and those younger in a same generation, were diagnosed with IBD at a significantly younger age (p < 0.001). 110 out of 144 couples (76%) matched up for the type IBD, leading to a moderate degree of concordance (kappa = 0.53). No or weak concordance was found for disease extent in 41 UC coincident couples and for disease location, strictureing, and fistulizing behavior in 58 CD coincident couples. Concordance could not also be disclosed for biological use and surgical requirements in both diseases. Similar results were obtained when subgroup analyses were performed based on familial relationship, same or different generation, or smoking status at diagnosis.

**Conclusions:** Familial IBD is associated with diagnostic anticipation in younger individuals. Familial history does not allow the prediction of any phenotypic feature other than IBD type.