Methods: All patients with UC who received Adalimumab between April 2008 and October 2012 in our hospital were included in our study, with median follow up 1.9 years (1y-6.8y-16.6y) at the time of first Adalimumab injection were included in our study, 4 of these patients’ VTE were post-operative. When patients undergoing elective surgery are excluded VTE is associated with co-morbidity: 46.0% (23/50) of the VTE population compared to 32.4% (810/2504) in the non-VTE population (p < 0.03). There was no association of VTE with disease severity or the use of steroids.

Conclusions: Although there was no difference in the frequency of VTE in patients given or not given heparin the numbers of VTE within this group are small. This analysis does however demonstrate that patients with co-morbidity and those undergoing surgery are at higher risk of VTE. Additional measures to prevent VTE should be considered in these patients such as a combination of heparin and compression stockings. All IBD patients admitted to hospital should continue to receive prophylactic subcutaneous heparin.

P519
Efficacy of Adalimumab in children and adolescents with moderate/ severe ulcerative colitis
E. Volonaki1 *, M. Martins1, L. Cococcioni1, M. Malamisura1, N. Shah1, K. Lindley1, F. Kiparissi1, M. Elawad1. 

Efficacy of Adalimumab in children and adolescents with moderate/ severe ulcerative colitis

Background: Adalimumab is licensed for treating moderately to severely active ulcerative colitis (UC) in adults whose condition has responded inadequately to conventional therapy, but data on its role in paediatric UC are lacking. The aim of our study was to evaluate the efficacy of Adalimumab used as indicated above in children and adolescents treated in a single tertiary UK centre.

Methods: All patients with UC who received Adalimumab between April 2008 and October 2012 in our hospital were identified. Clinical response and long term outcomes were assessed.

Results: Ten patients (7 females) with median age 14 years (6.8y-16.6y) at the time of first Adalimumab injection were included in our study, with median follow up 1.9 years (1y-3y). All patients had failed Infliximab after 6.5 months median duration of treatment (2-24 months). Three patients (3/10, 30%) showed sustained clinical response to Adalimumab with histological evidence of mucosal healing (follow up 16, 22 and 24months respectively). All three received concurrent treatment with Azathioprine or Methotrexate and one of them was successfully weaned off Adalimumab after 21 months, without relapse to date. For the remaining 7 patients, medical treatment was escalated with other immunosuppressive agents, with 4 of them ending up with colectomy (4/10, 40%).

Conclusions: Adalimumab was efficacious in 30% of children and adolescents with moderate/ severe ulcerative colitis who failed Infliximab and should therefore be considered as treatment option in refractory disease in this age group.