respectively, and the corresponding values for CDAI changes of 50, 70, and 100 points, were 2, 5, and 8 and 5, 9, and 14, respectively (Figure 1).

Figure 1. Relationship between PRO2, PRO3, and CDAI scores at follow up.

Conclusions: PROs derived from CDAI diary card items may be appropriate for use in clinical trials for CD.

References

P177 Phenotypic and therapeutic differences in Crohn’s disease depending on age at diagnosis
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Background: To assess potential differences in phenotypic characteristics, use of immunosuppressive treatment and need for surgery between patients with Crohn’s disease (CD) diagnosed before 40 years (A1a and A1b respectively) or younger and older than 40 years (A3a and A3b) were assessed. Variables collected: demographic and phenotypic characteristics of CD (Montreal classification), smoking, follow-up time, use of immunosuppressants (IS) or biologics, and need for surgery (intestinal resection).

Methods: Retrospective analysis of 328 patients with CD, including patients diagnosed below the age of 17 years (A1, n 45) and over 40 (A3, n 67). Within these groups, differences depending on whether age at diagnosis was younger or older than 10 years (A1a and A1b respectively) or younger and older than 60 years (A3a and A3b) were assessed. Variables collected: demographic and phenotypic characteristics of CD (Montreal classification), smoking, follow-up time, use of immunosuppressants (IS) or biologics, and need for surgery (intestinal resection).

Results: Mean follow-up time 9.68 years, longer in A1 patients (10.9 vs 6.9 years, p 0.007). There were more smokers in the A3 group (62.7% vs 31%, p < 0.001).

Extent of disease: ileocolic location was more common in A1 group as compared to A3 (68.9% vs 27.7%; p < 0.0001), while the ileal (26.7% vs 46.2%; p 0.03) and pure colonic location (4.4% vs 26%; p 0.004) predominated in the A3 group. A1 patients also had a significantly greater involvement of upper segments (24.4% vs 6%; p < 0.001).

Fistulizing pattern was more common in A1 (26.7% vs 13.4%; p 0.031), but inflammatory pattern was the most common in both groups. No differences in perianal disease were seen.

A1 patients were treated more frequently with immunosuppressants (97.8% vs 55.2%; p < 0.001). However, although A1 group required surgery more frequently than A3 (42.2% vs 28.4%), the difference was not statistically significant.

No differences were found within A1 group between ileal and colonic locations, but involvement of upper segments (44% vs 14.9%; p < 0.001) and stenosing pattern were more common in the A1a subgroup (55.6% vs 19.1%; p 0.009) than A1b patients. Such differences were not seen between A3a and A3b subgroups.

Conclusions: As compared to CD diagnosed over 40 years of age, diagnosis at a pediatric age is related to more extensive involvement, increased risk of ileocolic disease and involvement of upper segments, with the latter being more common the younger the patients at diagnosis. In addition, early ages are related to an increased incidence of the penetrating pattern, although a detailed analysis in younger patients reveals predominance of stenosing pattern. However, although the risk of surgery is greater in A1 group, there are no significant differences despite a longer follow-up time, possibly because of almost continuous and early use of immunosuppressants in pediatric age due to frequent involvement of upper segments and, above all, minimization of steroid use.

P178 Outcomes of pregnancies among women with inflammatory bowel disease: results from a single-center cohort

Background: The incidence of Inflammatory Bowel Disease (IBD) seems to increase globally, and because of the typical age of onset between 20 and 40 years, women of child-bearing age are frequently affected. Disease activity determines the choice of treatment, and both disease activity and medical therapy might affect the outcome of these pregnancies.

Methods: Medical records from ninety-eight IBD women [mean age = 37.12 years, 58 Crohn’s disease (CD), 40 ulcerative colitis (UC)] were retrospectively analyzed between January 2007 and June 2013. Women selected had a confirmed diagnosis of IBD and age between 17 and 50 years. Data regarding time from diagnosis, site of disease, medical treatment, previous surgery, parity, mode of delivery, pregnancy and delivery complications and perinatal outcome were evaluated.

Results: Seventy-one women with IBD diagnosed before pregnancy were included [mean age = 36.8 years, 44 Crohn’s disease (CD), 27 ulcerative colitis (UC)]. The mean time between diagnosis and pregnancy was 84 months. During pregnancy, 41 were exposed to SASA, 32 Azathioprine and 2 Infliximab (1 was suspended in first trimester). Ninety-six pregnancies were recorded (2 twins), and 91 lifebirth (median birth weight 3258 g) of which 7 were preterm. Six pregnancies ended in spontaneous abortion (5CD/1UC) and 1 ectopic pregnancy.

Eleven women had IBD flares during pregnancy developing 1 preterm birth at 35 weeks, 1 oligoamnios and 2 emergency deliveries.

Reference(s)
cesarean delivery. 3 gravidic hipermeris, 2 gestational diabetes and 1 cholestasis with preeclampsia were reported.

Twenty-seven percent (30) of patients presented premature rupture of membrane (PRM) (16CD/14UC). 61 women had a vaginal delivery (57 normal delivery, 4 instrumental delivery) and 28 cesarean section (18 emergency cesarean delivery: 7CD/11UC). Nine newborn had an umbilical artery pH < 7.20 and 2 had an Apgar < 6.

Only 1 infectious complication, pielonefritis and severe anemia, was recorded in 1 patient using biological therapy (Infliximab) for severe perianal disease. This woman had a twin pregnancy (obtained with reproductive techniques) with a normal perinatal outcome.

Conclusions:
- In our cohort, an elevated incidence of cesarean delivery showing predominance in UC was observed.
- Exit a high incidence of PRM in both EC and UC.
- Despite suffering a flare during pregnancy, the perinatal results were appropriated.

P179
Outcome of pouch surgery for ulcerative colitis in 124 Egyptian patients
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Background: The purpose of the present study is to present the experience of a single Egyptian center in surgical management of ulcerative colitis patients focusing on the outcome of pouch surgery.

Methods: A retrospective analysis of the data of all patients who underwent surgical treatment for ulcerative colitis (UC) at Gastroenterology Surgical Center, Mansoura University was conducted. Patients who had pouch surgery were asked to come for follow-up to assess outcome and quality of life.

Results: Between 1999 and 2013, 124 Egyptian patients had been submitted for surgical management of UC. The most common indication for surgery was failure of medical treatment (n = 77, 62.1%). The most common surgical procedure performed was total proctocolectomy with ileal pouch-anal anastomosis (IPAA) (n = 107, 86.3%). Other procedures were total proctocolectomy with terminal ileostomy (n = 12, 9.6%) and ileo-anal anastomosis without pouch construction (n = 5, 4.1%). IPAA was carried out as a single-stage in all patients except for three (2.4%) patients who had two-stage approach. The surgical approach for IPAA was via laparotomy in all patients but one who required pouch excision. Anastomotic stricture occurred in 12 (18%) patients and was treated by anal dilatation under anesthesia as an outpatient procedure. Median post-IPAA stool frequency was 5.1 motions at daytime and 1.3 at nighttime. Three patients (4.4%) had fecal incontinence. Poucho-vaginal fistula occurred in two patients and perineal fistula in one patient.

Conclusions: IPAA is a major surgery that attains many complications. However, long term results and patient’s satisfaction are reasonable.

P180
Non-invasive assessment of cardiovascular risk in young patients with inflammatory bowel disease (IBD) compared with healthy controls (HC)
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Background: Recent studies have documented an increased cardiovascular risk in IBD patients. Our study aimed at investigating the prevalence of intima-media thickness (IMT) of the carotid arteries and of the arterial stiffness indices as signs of early atherosclerosis in young patients with IBD.

Methods: We recruited 68 consecutive IBD patients (35 males), and 38 sex and age matched HC. Median age was 31.6:±8.1 years. Data on clinical and demographic features, cardiovascular risk factors, personal and familial history of cardiovascular events, concomitant therapies were registered on a dedicate database. Forty-five out of IBD patients had Crohn’s disease (CD) and 23 had Ulcerative Colitis (UC). Twenty-two CD patients had a disease duration greater than 5 years and 9 showed a clinically active disease. In the UC group 8 patients had a disease duration greater than 5 years and 3 clinically active disease. Sixteen out of 68 IBD patients were smokers, 9 ex-smokers; 29 had a family history of cardiovascular events, 3 were hypertensive and 2 patients had diabetes mellitus, 21 had a BMI greater than 25. Left and right carotid IMT was evaluated using high resolution B-mode ultrasonography. Arterial stiffness was assessed by measurement of carotid-femoral Pulse Wave Velocity (PWV) and Augmentation Index (AIx).

Results: there was a statistically significant difference between IBD patients and HC for total cholesterol values (P < 0.013) and LDL-cholesterol (P < 0.019). There was no difference in lipid profile between CD and UC. Overall, there was a trend toward significance in the distribution of BMI values between patients and HC (P = 0.082). Right carotid IMT was higher in IBD group than in controls (P < 0.047), but there was no statistically significant difference between subjects with CD and UC. Moreover, PWV average and AORTIC AIx (AIx) were significantly higher in patients than in controls (P < 0.006 and P < 0.004 respectively).

Conclusions: In our study we have found signs of early onset ATS in young patients with IBD. Therefore, clinical follow-up of IBD patients should include assessment at diagnosis and monitoring of IMT of the carotid arteries and of the arterial stiffness in order to reduce the risk of cardiovascular events.

P181
Natural history of non-severe IBD at diagnosis
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Background: Crohn’s disease (CD) and ulcerative colitis (UC) are progressive diseases characterized by the occurrence of complications requiring immunomodulators and surgery. Few data are available for the prevalence and the factors associated with long-term non-severe (NS) inflammatory bowel diseases. Our aim was to assess the natural history of NS CD and NC UC at diagnosis and to identify predictive factors of mild evolution over the long term.

Methods: A retrospective study of the IBD patients registered in the database of the university hospital of Liege, Belgium. NS CD was defined as the absence of strictureting, penetrating or perianal disease, no treatment with immunomodulators and anti-TNF, no need for surgery in the course of the disease. NS UC was defined as no requirement for immunomodulators, anti-TNF and colectomy. Patients were assessed at 1 year, 5 years and at the maximum follow-up. Patients with less than 5 years of follow-up were excluded.